

Name  
in  
Full

Cheddie Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

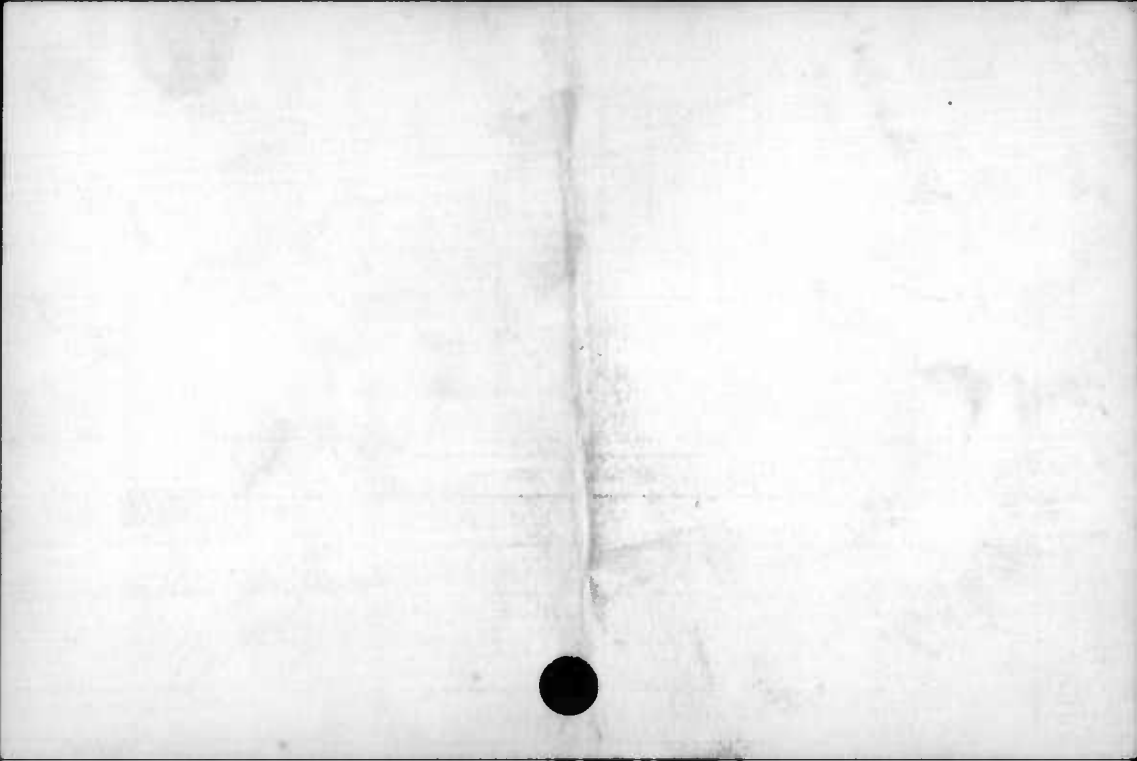
Died at <u>Marlboro</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month <u>2</u>	Day <u>3</u>	Age <u>8</u> Years	Months <u>-</u> Days <u>-</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>Robert Adams</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Sarah Franklin</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>William Allan</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	<u>This child is badly burned and</u>		How long
Immediate	<u>burned and cause of death is asplanch</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John E. Sweeney M.D.</u>	
		Address <u>Farmerville Md</u>	
Accident or Suicide? <u>no</u>			



Name  
in  
Full

James D. Boyd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

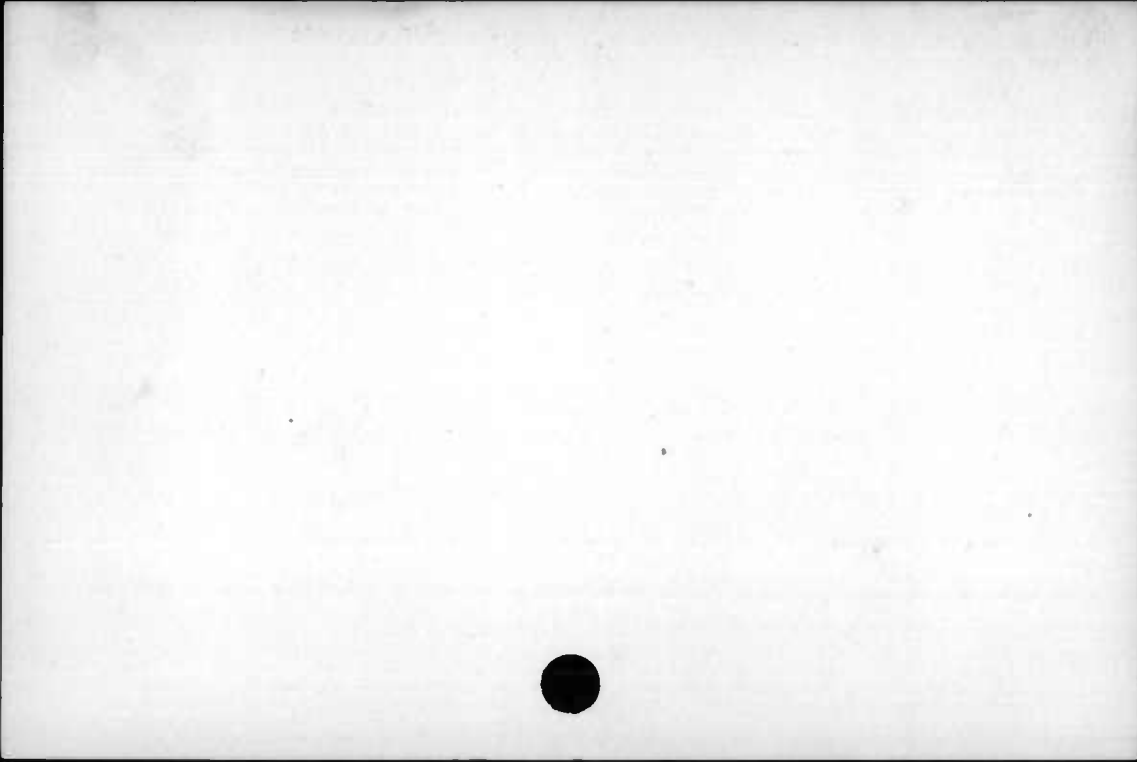
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		2	20	66			
Sex	male	Color or Race	colored	Birth-place	Md		
Occupation	farmer			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband Martha Boyd			
Father's Name	Benj. Boyd			Father's Birthplace Md			
Mother's Maiden Name	not known			Mother's Birthplace not known			
Name of person giving information	Noble Boyd			How related to deceased Son			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Bright & valvular Heart disease		How long	Several years
Immediate	valvular Heart disease		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John A. Cor
			Address	ZB.
Accident or Suicide?				Md



Name  
in  
Full

Frances Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

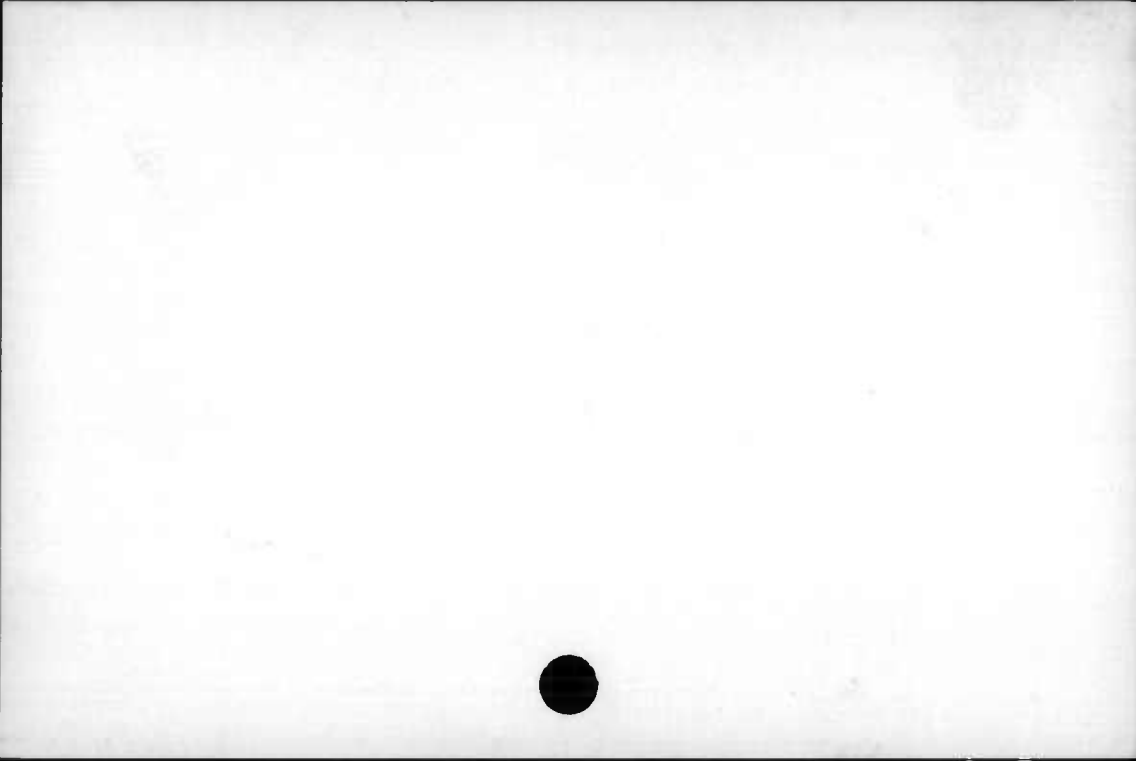
Died at <i>Silesia</i> <sup>Town</sup>		<i>Pr. Geo.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>Md</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel Brooks</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Magge Dade</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Daniel Brooks</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis or Pneumonia</i>	How long	<i>18 days</i>
	<i>according to Father's statement</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. P. Simpson M.D.</i>	
		Address <i>Rosecroft Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Laura H. Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

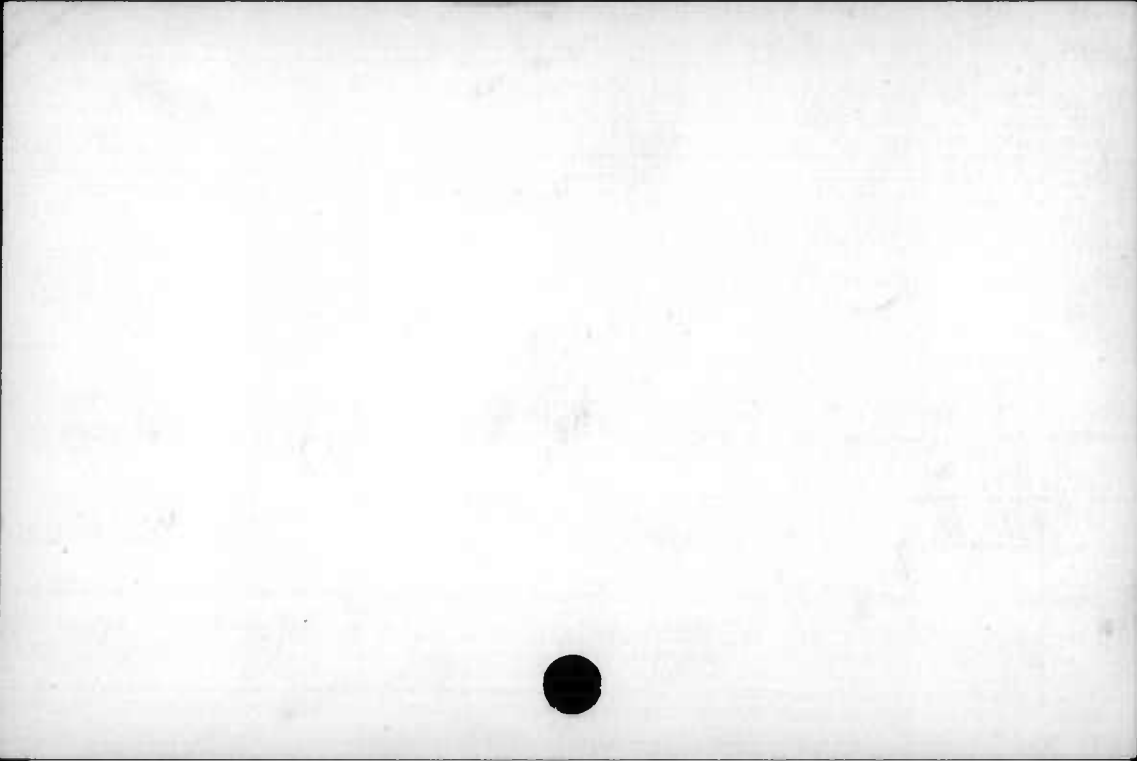
Died at <i>Croom</i> Town		<i>P. 45</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb</i>	Day	<i>10</i>
Age		<i>15</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Leander Brooks</i>			Father's Birthplace	<i>md.</i>
Mother's Maiden Name	<i>Annie Perkinney</i>			Mother's Birthplace	<i>md.</i>
Name of person giving information	<i>William Brooks</i>			How related to deceased	<i>brother</i>

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>5 1/2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. H. Gibbons</i>	
		Address	
		<i>Croom md.</i>	
Accident or Suicide?			



Name  
in  
Full

Lucy Brooks

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

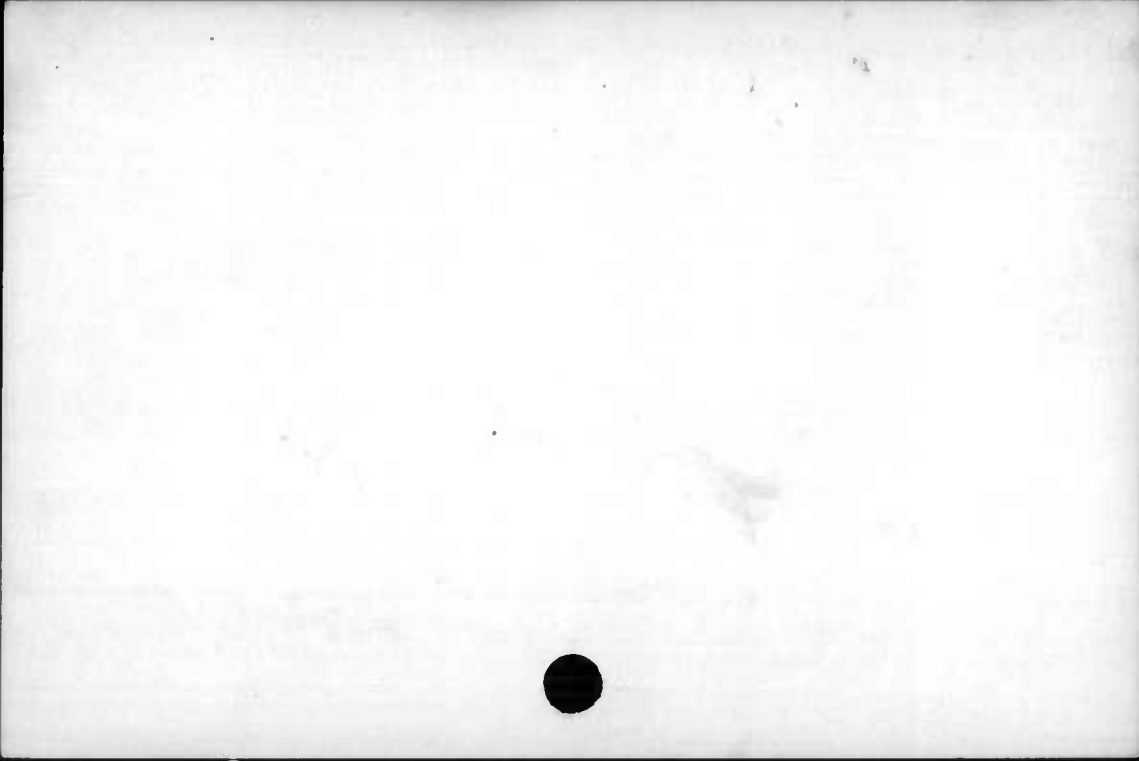
Died at <u>Croom</u> Town		<u>Or Geo</u> County		MARYLAND	
Date of death	<u>1908</u> Month	<u>Feb</u> Day	<u>8</u> Age	<u>13</u> Years	Months Days
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>md</u>
Occupation	<u>School girl</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Leander Brooks</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Annie Punsbury</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>Leander Brooks</u>			How related to deceased	<u>father</u>

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>6 weeks</u>
Immediate	<u>Hemorrhage</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>W. H. Gibbons</u>	
Address		<u>Croom md</u>	
			
Accident or Suicide?			



### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Rosaryville* Town

County  
Prince George's  
Years

MARYLAND

Date of death 1908 Month  
July

Day  
12

Age

Years  
21

Months  
6

Days

Sex *Femiale*

~~Color of~~  
~~Race~~

Colored

Birth-  
place

70 g. 100.

Occupation

Where Residing if not  
at place of death.

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name Philip Brown

Father's Birthplace *P. J. Co.*

Mother's  
Maiden Name Laura Brown

Mother's Birthplace: *Pa. & Co.*

Name of person giving information Philip Brown

How related to deceased: Father

### CAUSES OF DEATH

167

Primary

CAUSES

John Brown

How long

Immediate

clothing caught from store

How long

Are the name, age, sex, color, date  
and place correctly given above?

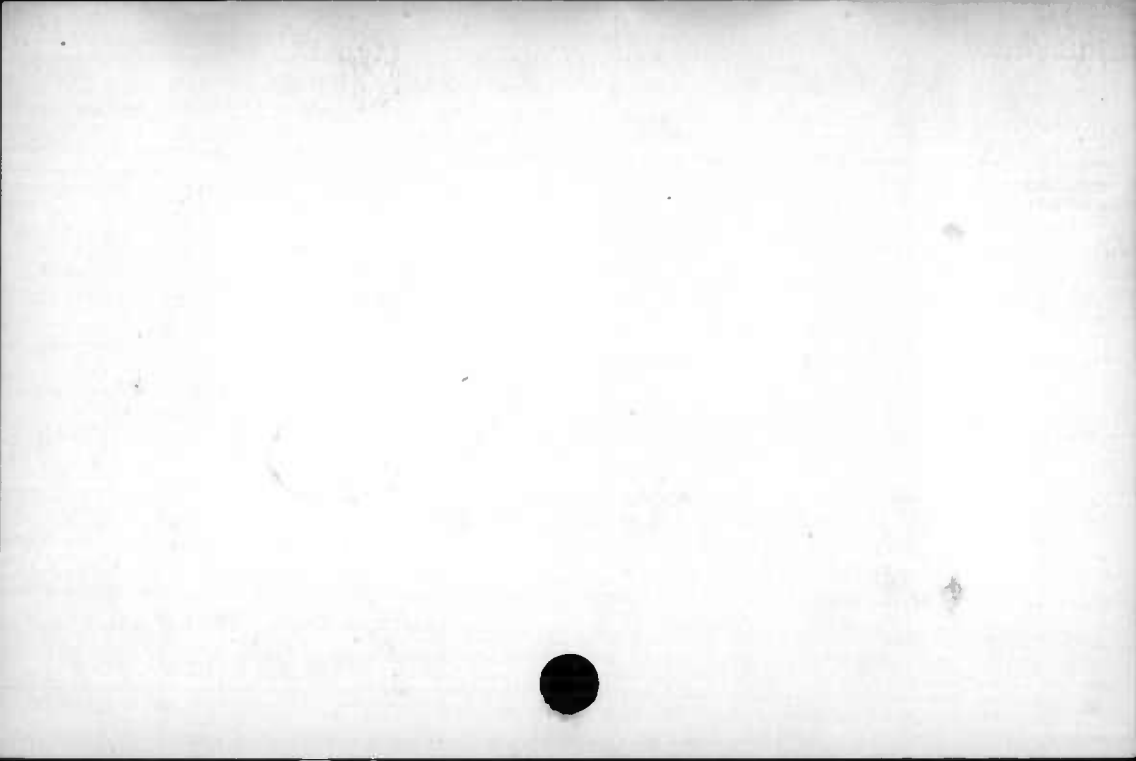
Signature of Physician

Address

Dr. H. H. Gibbons  
Groome Ind

Accident or ~~Suicide~~?

PHYSICIAN  
OR CORONER



Name  
in  
Full

George Brumley

## CERTIFICATE OF DEATH

Died at <i>Mellwood</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>2</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>62</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Brumley</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>				
Name of person giving information <i>Engene Smiley</i>	How related to deceased <i>Son-in-law</i>				

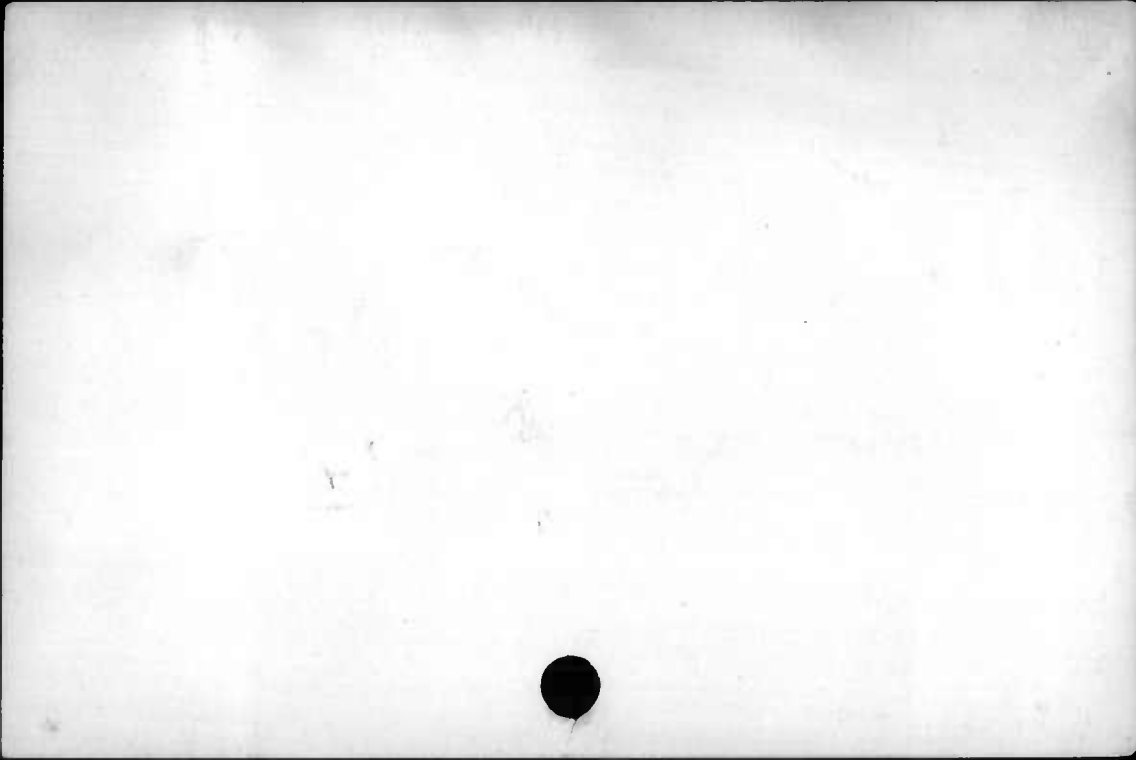
TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer of the Liver</i>	How long <i>1 yr</i>
Immediate <i>Astheria</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sandburg</i>
	Address <i>Choroville Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

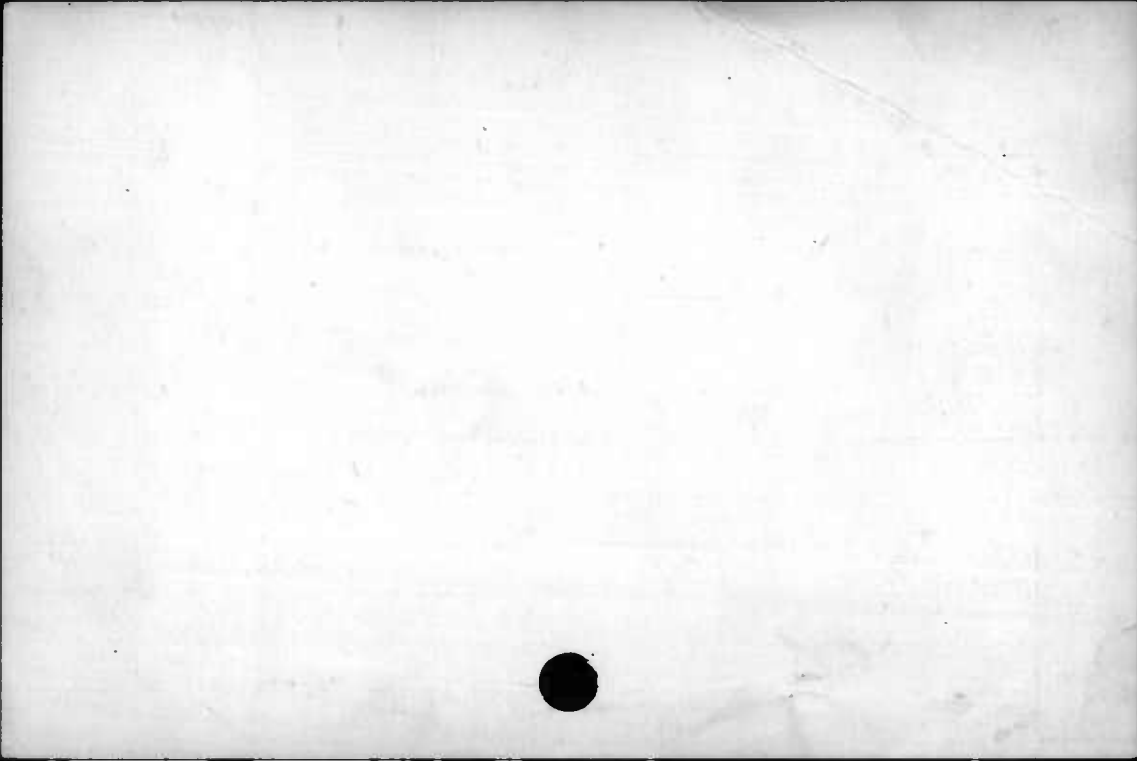
Name in Full <b>James Cantor</b>		Town <b>Hall</b>		County <b>Prince Georges</b>		State <b>MARYLAND</b>	
Died at <b>Hall</b>		Date of death <b>1908 Feb 14th</b>		Age <b>62</b>		Months <b>—</b> Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Unknown</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>B. Lee Beck</b>		How related to deceased <b>Not Related</b>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Uremia</b>	How long <b>Probably 1 or 2 days</b>
Immediate <b>Heart failure</b>	How long <b>Immediate</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. J. Hinkel M.D.</b>
	Address <b>Hall, Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

Albert E Charles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

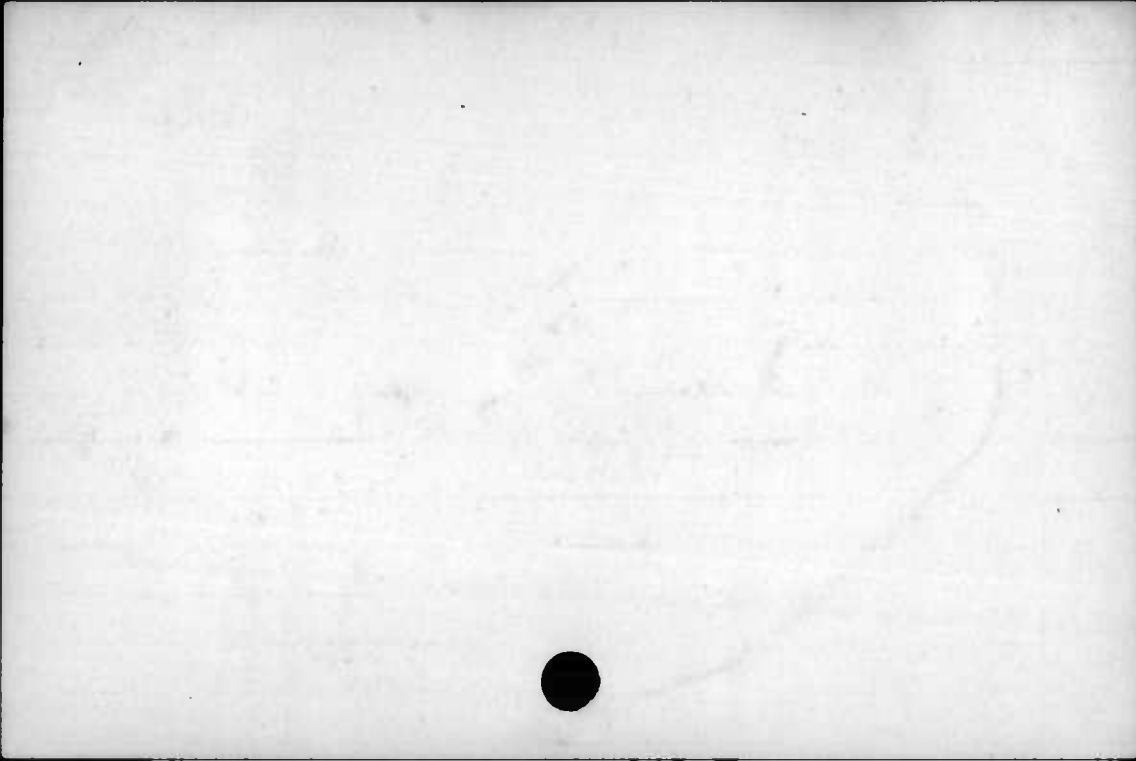
Died at <i>Hyattsville</i>		Town		<i>Prince George</i>		County		MARYLAND	
Date of death <i>1904</i>		Month <i>July</i>		Day <i>10</i>		Age <i>79</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>England</i>		Months		Days	
Occupation <i>Printer</i>				Where Residing if not at place of death <i>near Hyattsville</i>					
Married, Single or Widowed				Name of Wife or Husband <i>Margaret Charles</i>					
Father's Name <i>Albert E Charles</i>				Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Elizabeth - out name</i>				Mother's Birthplace <i>England</i>					
Name of person giving information <i>Charles E &amp; Charles</i>				How related to deceased <i>Son</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>2 days</i>	
Immediate <i>Constriction of lungs</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. A. Fox</i>	
		Address <i>Baltimore</i>	
Accident or Suicide?			



Name  
in  
Full

Hester Clark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

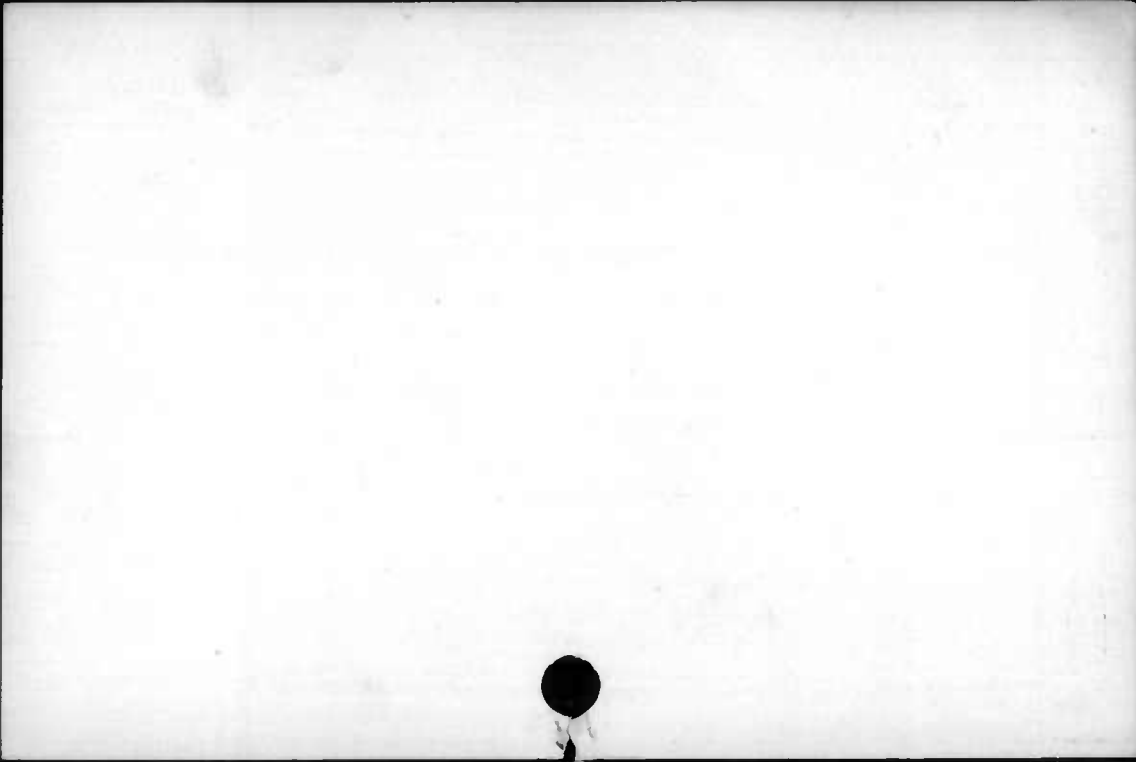
Died at <i>Callington</i> <sup>Town</sup>		<i>M.G.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> <sup>Month</sup>	<i>5-</i> <sup>Day</sup>	<i>89</i> <sup>Years</sup>	<i>-</i> <sup>Months</sup>	<i>-</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harwood Co. Md.</i>		
Occupation <i>House Aboard</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Harwood Co. Md.</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Name of person giving information <i>Donald P. McClelland</i>		How related to deceased <i>None</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Aspirina induced by sensitivity</i>	How long <i>Several months</i>
Immediate <i>Aspirina</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>McDowell (M.D.)</i>
	Address <i>Dying field</i>
Accident or Suicide? <i>No.</i>	<i>Inde</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

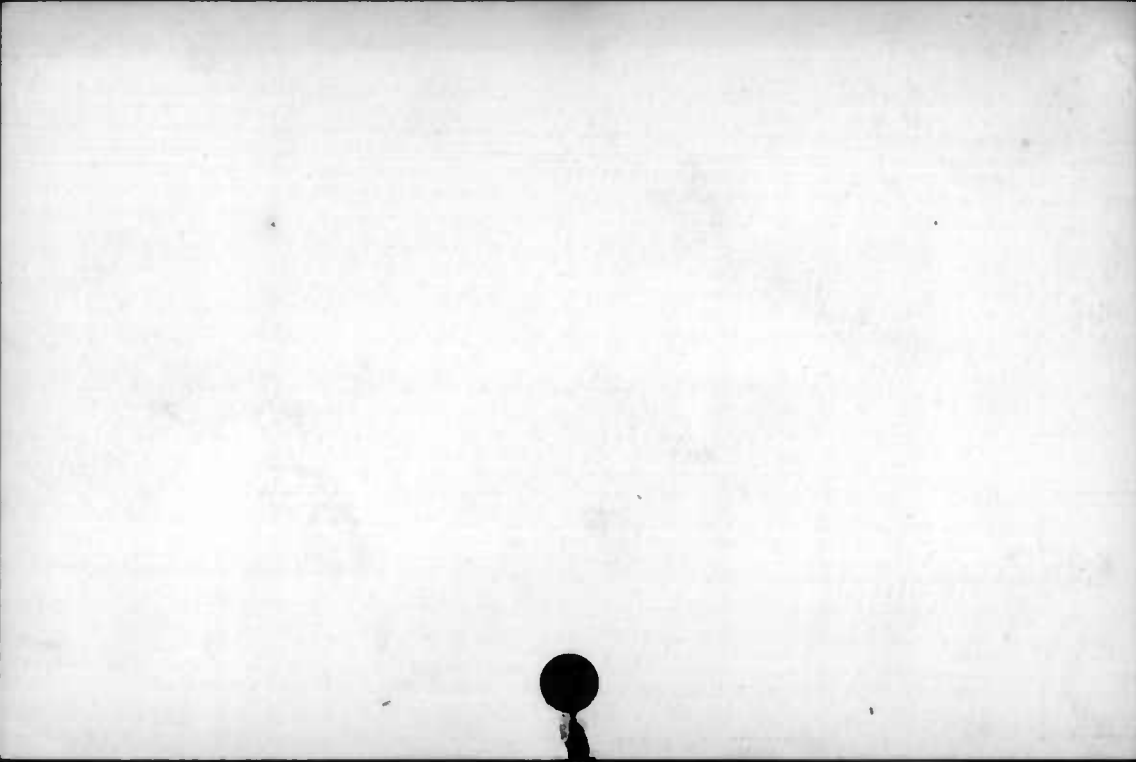
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	4	Age 60	-	-	-
Sex	Male		Color or Race	Black		Birth-place	not known
Occupation	Laborer			Where Residing if not at place of death			
				at the place			
Married, Single or Widowed	Single		Name of Wife or Husband	Jane Crumblin			
Father's Name	Henry Crumblin					Father's Birthplace	not known
Mother's Maiden Name	William Frankless					Mother's Birthplace	" "
Name of person giving information	Robert Brooks					How related to deceased	Brother in Law

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	I understand Crumblin	How long	about 2 years
Immediate	I did not attend him. saw him	How long	about 3 weeks ago
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. A. Fox
		Address	Bellevue road
Accident or Suicide?			



Name  
in  
Full

Not named Infant child of Fannie Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bladensburg</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	<i>Feb</i> <sup>Month</sup>	<i>15<sup>th</sup></i> <sup>Day</sup>	<i>three</i> <sup>Months</sup>	<i>three</i> <sup>Days</sup>
Sex	<i>male</i>		Color or Race	<i>Colored</i>	
Occupation	—		Birth-place	<i>Md</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed		Name of Wife or Husband			
—		—			
Father's Name	<i>John Bowler</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Fannie Davis</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Fannie Davis</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Natural Cause*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Augustus H Dahler, Jr.*  
*Acting Coroner*  
*Bladensburg Md*

Accident or Suicide?

Issued 10 days after death

Name in Full		George Alfred Dodson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Biltsville</u> Town		County <u>Prince George</u>		MARYLAND	
		Date of death <u>1908</u> <u>July</u> Month		<u>16</u> Day		<u>10</u> Years	
		<u>3</u> Months		<u>3</u> Days			
		Sex <u>Male</u>		Color <u>red</u>		Birth-place <u>St Mary Co Md</u>	
		Occupation <u>-</u>		Where Residing if not at place of death <u>near Biltsville</u>			
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>-</u>					
Father's Name <u>Samuel Dodson</u>		Father's Birthplace <u>St Mary Co Md</u>					
Mother's Maiden Name <u>Hannie Tolson</u>		Mother's Birthplace <u>St Mary Co Md</u>					
Name of person giving information <u>Samuel Dodson</u>		How related to deceased <u>Father</u>					
		CAUSES OF DEATH				(10)	
PHYSICIAN OR CORONER		Primary <u>Grip</u>		How long <u>about one week</u>			
		Immediate <u>Pneumonia</u>		How long <u>3 or 4 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician			
				Address <u>6 A Fox</u> <u>Biltsville Md</u>			
X		Accident or Suicide?					



Name  
in  
Full

Alice Maria Earle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

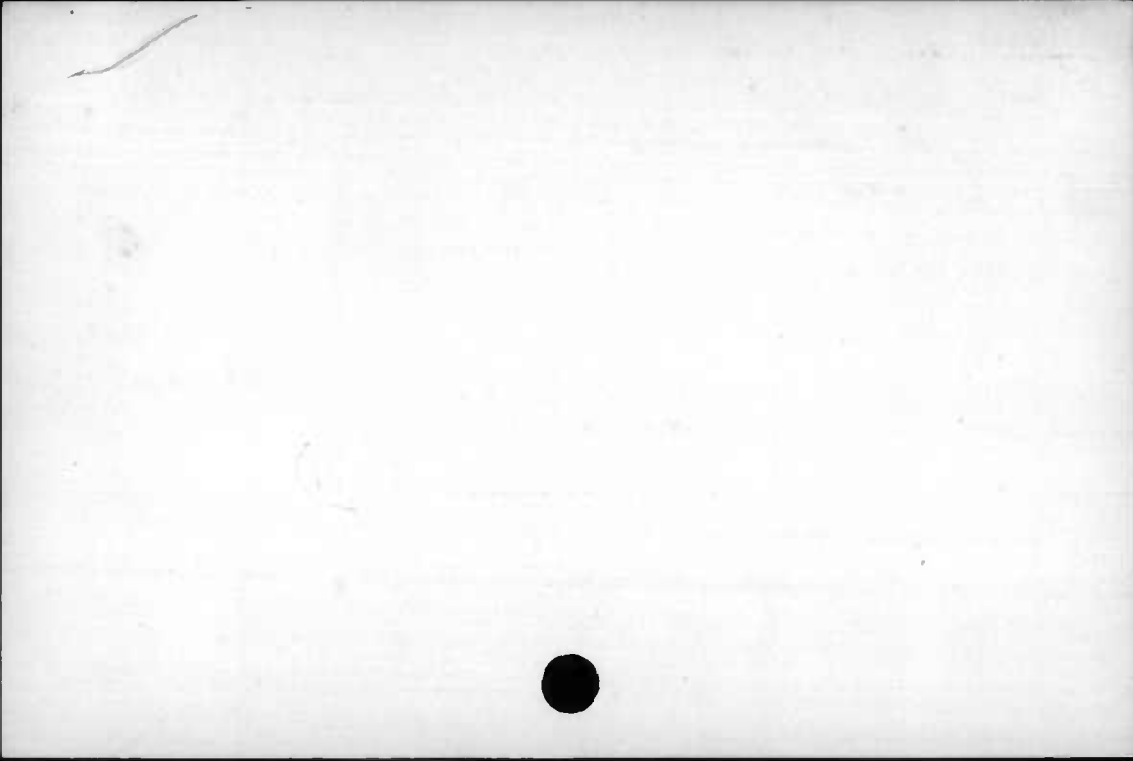
Died at <sup>Town</sup> Accokeek		<sup>County</sup> Pr. Geo.		MARYLAND	
Date of death 1908 Feb.		Day 10	Age —	Months 4	Days
Sex Female	Color or Race White	Birth-place Accokeek Md.			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Morris Earle		Father's Birthplace N. Y. City			
Mother's Maiden Name Louie Murphy		Mother's Birthplace Angeles Co. Cal.			
Name of person giving information Morris Earle		How related to deceased Father			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Inanition	How long several weeks
Immediate "	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. S. Hurst
	Address Prescottway Md.
Accident or Suicide?	



Name  
in  
Full

Eva L. Edwards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

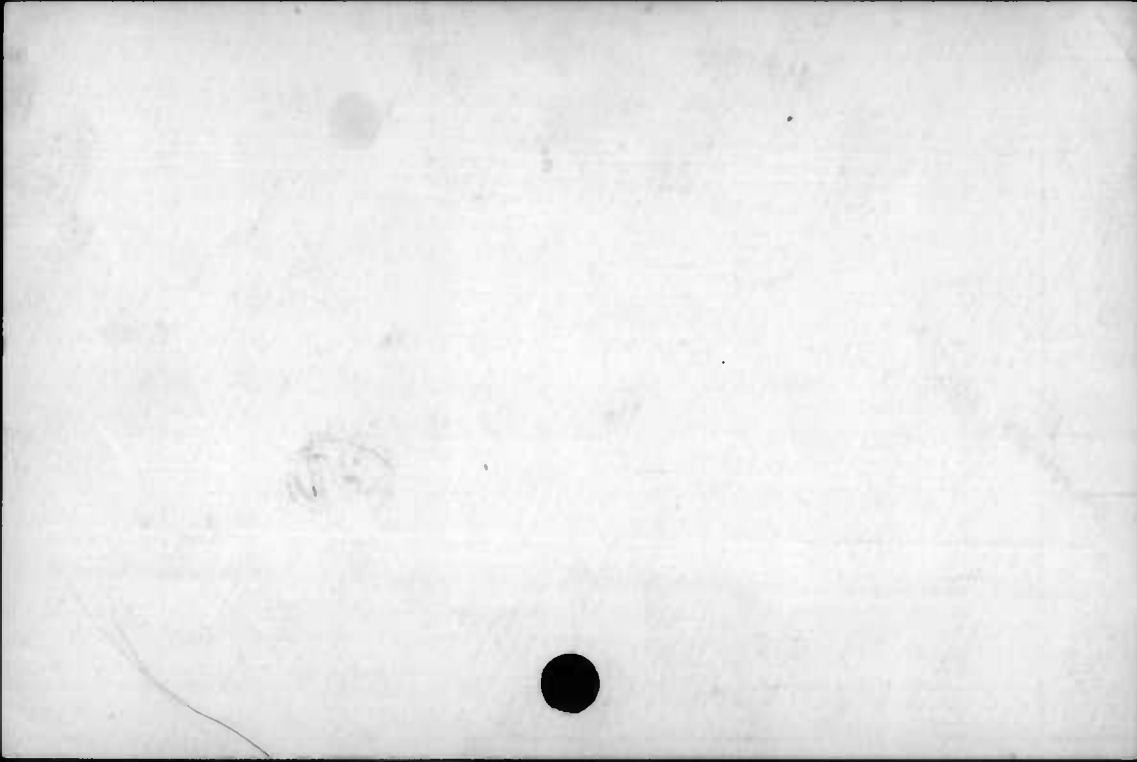
Died at <i>Beltsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>5<sup>th</sup> 8 February</i> <small>Month</small>	<i>Wed- 5<sup>th</sup></i> <small>Day</small>	Age <i>20</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>—</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Virginia</i>			
Occupation <i>Housekeeping</i>	Where Residing if not at place of death <i>Fairfax Co Va</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>A Edwards</i>	Father's Birthplace <i>Franklin Co Va</i>				
Mother's Maiden Name <i>Hannah Lee</i>	Mother's Birthplace <i>Fairfax Co Va</i>				
Name of person giving information <i>Mrs Jennie Taylor</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>11 months</i>
Immediate <i>pernicious anemia + cold</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>N. B. Shade MD</i> <i>727-13th st NW</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodburn, Md.</i>		County		<del>MARYLAND</del>	
Date of death	1908	Month	Feb	Day	14
Age		Years		72	
Sex	Color or Race		Birth-place		
Occupation	Where Residing if not at place of death		Pa		
Married, Single or Widowed	Name of Wife or Husband		Pa		
Father's Name	Father's Birthplace		Pa		
Mother's Maiden Name	Mother's Birthplace		Pa		
Name of person giving information	How related to deceased		Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Papillomata</i>	How long	<i>8 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Sped. S. Parsons</i>	
		Address	
		<i>Wakoma Park, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Naoma Farrall

Westphalia Prince George

MARYLAND

Died at

Date

of death 1908

Month

12

Day

28

Age

Years

18

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Charles Co. Md.

Occupation

Schoolgirl

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Charles H. Farrall

Father's  
Birthplace

Charles Co. Md.

Mother's  
Maiden Name

Elizabeth A. Stone

Mother's  
Birthplace

Charles Co. Md.

Name of person giving  
Information

Joseph H. Farrall

How related  
to deceased

Brother

## CAUSES OF DEATH

27

Primary

Pneumonia

How long

3 weeks

Immediate

Tuberculosis

How long

6 months or more

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

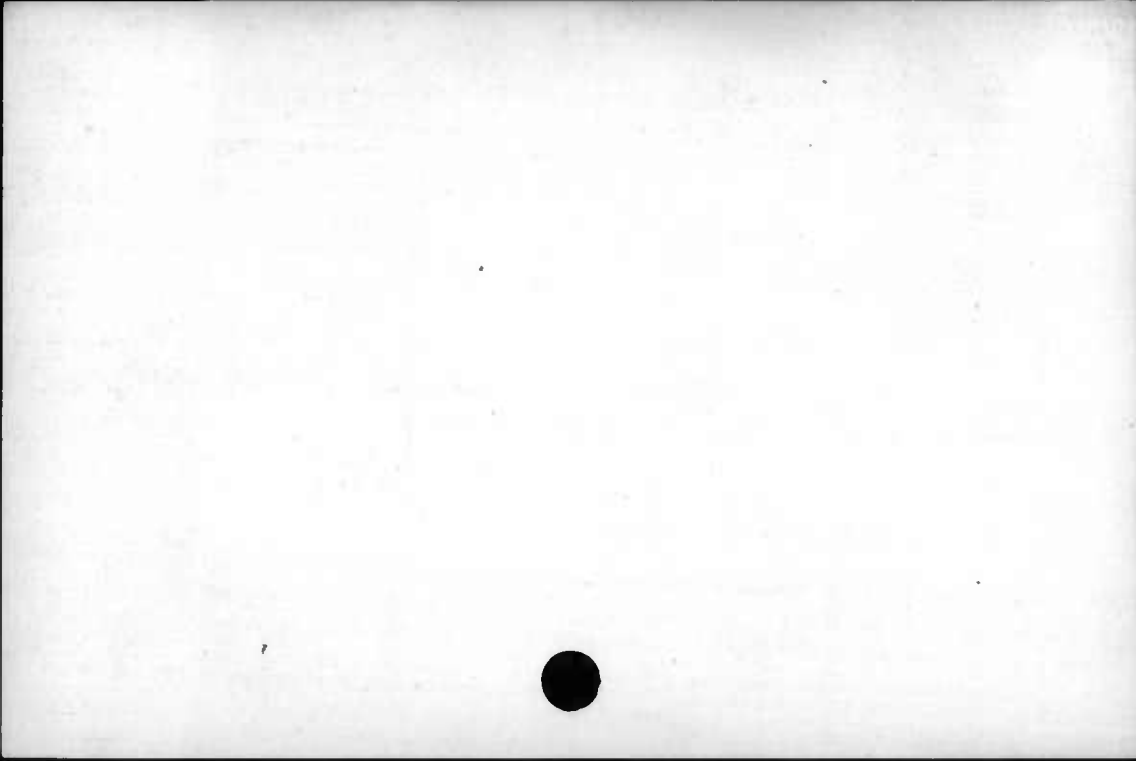
John E. Sausbury  
Frostville,  
Md.

Accident or Suicide?

neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

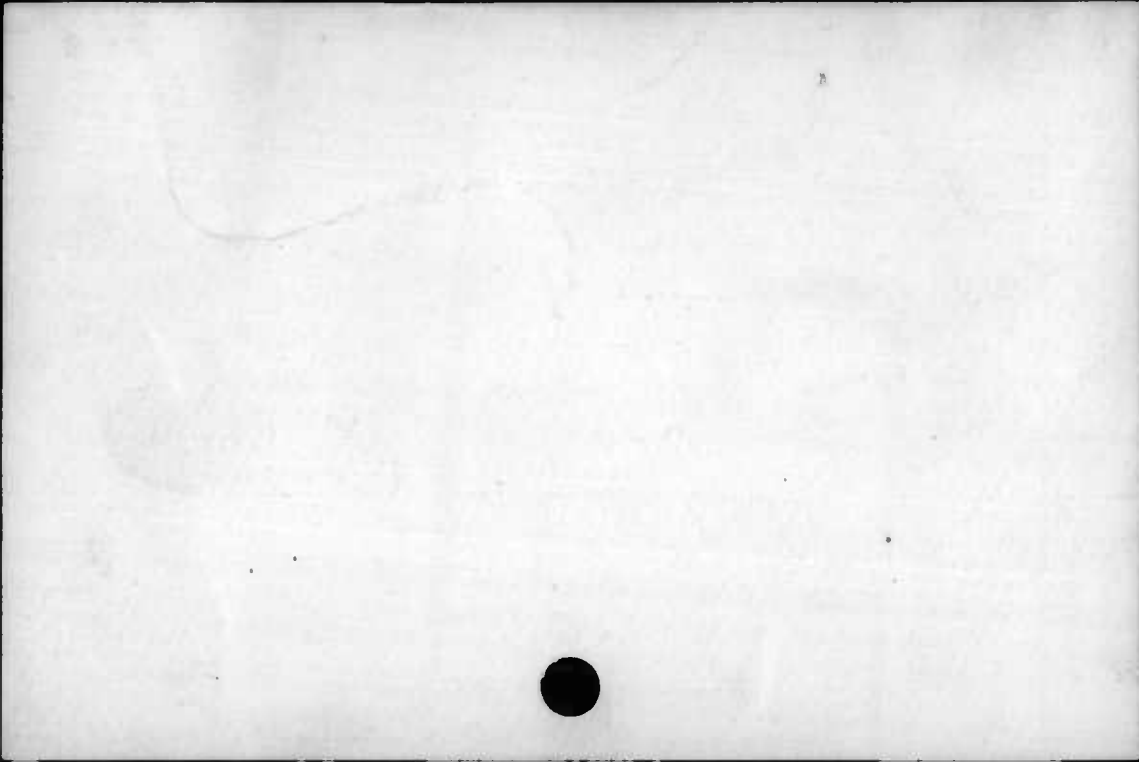
Name <i>JAMES STANDERS</i>		Town <i>Aquasco</i>		County <i>Pr. Georges</i>		MARYLAND	
Died at <i>Aquasco</i>		Month <i>Feb</i>		Day <i>17</i>		Years <i>78</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>17</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Pennsylvania</i>		Months <i>Unknown</i>	
Occupation <i>Brickmaker</i>		Where Residing if not at place of death <i>Brandwine Md</i>		Days <i>Unknown</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Walter Douglas</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Unknown</i>
Immediate <i>Traumatic Poisoning</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Ford</i>
	Address <i>Aquasco Md</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

No name Ford

Town

County

Nottingham Prince George

MARYLAND

Date

of death 1908

Month

February

Day

27

Age

Years

Months

Days

Sex

unknown

Color or  
Race

colored

Birth-  
place

Nottingham Md

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Chas H. Ford

Father's  
Birthplace

Md

Mother's  
Maiden Name

Edna Carroll

Mother's  
Birthplace

Md

Name of person giving  
In formation

Chas H Ford

How related  
to deceased

father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

still born

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

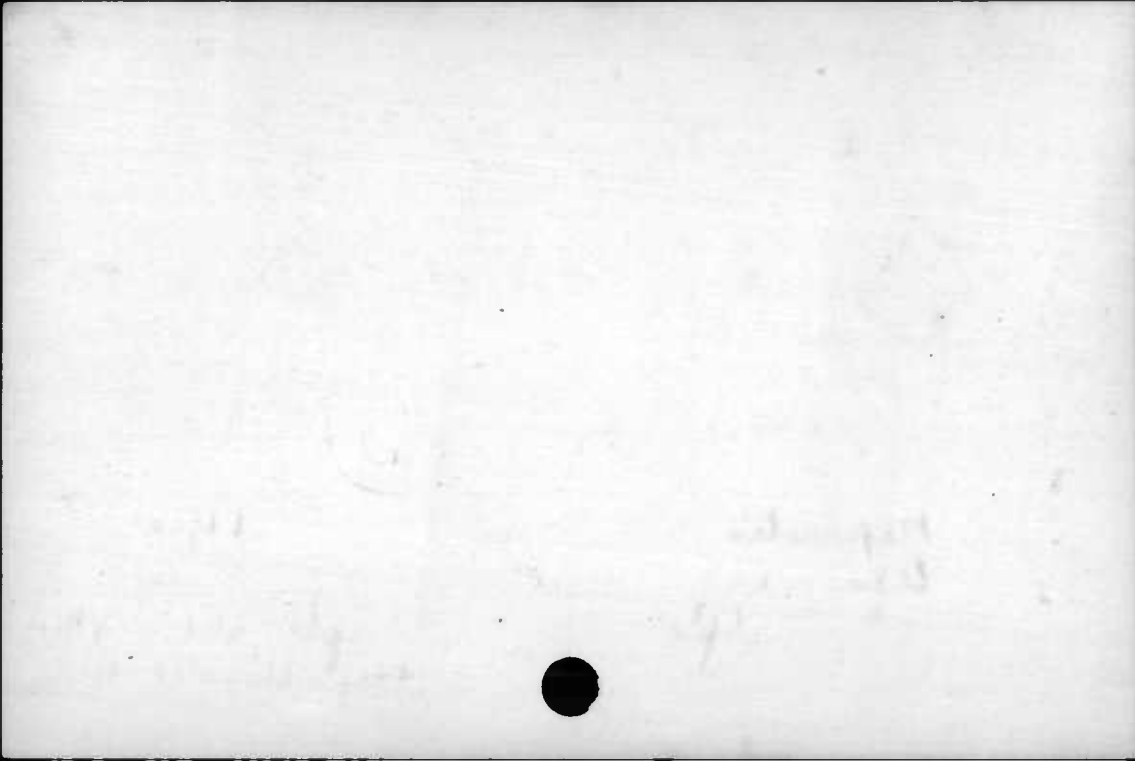
Signature of  
Physician

Address

Ernest H. Garner  
actg Coroner

Accident or Suicide?

Northkens. Md.



Name

in  
Full

## CERTIFICATE OF DEATH

William F Friday

Town

County

Died at

Riversdale

Prince George

MARYLAND

Date

1908

Month

Febr.

Day

7

Age

Years

79

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Dorothy Friday

Father's  
Name

William Friday

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Dorothy Strothman

Mother's  
Birthplace

" "

Name of person giving  
In formation

Henry Friday

How related  
to deceased

Son

## CAUSES OF DEATH

120

Primary

Nephritis

How long

1 year

Immediate

Uraemia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Wm H. Hattin, M.D.  
Hyattsville Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
H

10



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Friedrich A. Gaines</i>		Town <i>Meadows</i>		County <i>D. Geo.</i>		MARYLAND	
Died at <i>Meadows</i>		Month <i>Feb</i>		Day <i>9</i>		Years <i>46</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>9</i>		Years <i>46</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Va</i>			
Occupation <i>Minister (Methodist)</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E.</i>					
Father's Name <i>Alexander Gaines</i>		Father's Birthplace <i>Scottsboro</i>					
Mother's Maiden Name <i>Farstein</i>		Mother's Birthplace <i>Scottsboro</i>					
Name of person giving information <i>Mrs M E Gaines</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Double Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. A. Griffith</i>	
		Address <i>Upper Marlboro Md</i>	
Accident or Suicide?			



Name  
in  
Full

Cydia M. Harding

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

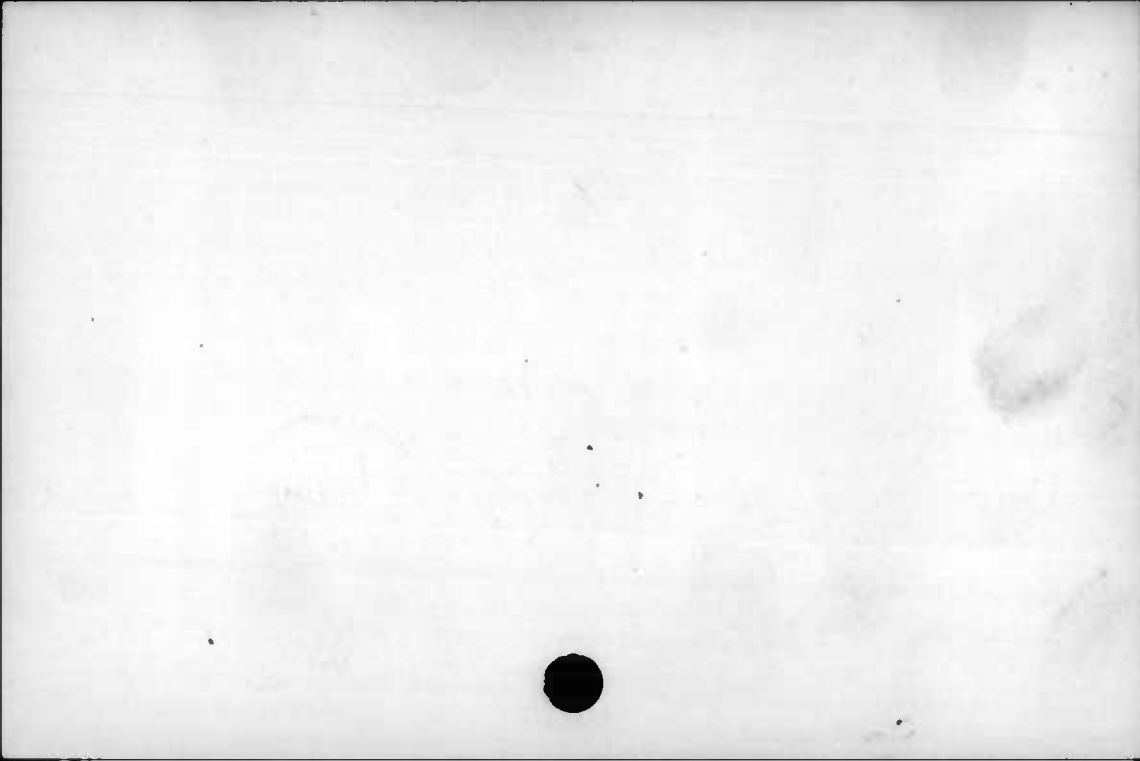
Died at		Town		County		State	
Near Laurel		Pr.		Geo.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		FEB.	28	68.			
Sex	Female		Color or Race	White		Birth-place	Howard Co.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Saml. Harding			
Father's Name	Saml. Owens.					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Wm. H. Owens					How related to deceased	Nephew

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Parenchymatous nephritis		How long	—
Immediate	Cardiac failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		no	Signature of Physician	J. P. P. P.
			Address	Laurel, Md.
Accident or Suicide?				



Name  
in  
Full

John H. Harrison

## CERTIFICATE OF DEATH

Died at *up. Marlboro*

Town

County

MARYLAND

Date  
of death 1908

Month

2

Day

26

Age

Years

80

Months

Days

Sex  
Occupation

Male

None

Color or  
Race

Colored

Birth-  
place

Md

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Anne Harrison

Father's  
Name

Unknown

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Md

Name of person giving  
Information

Andrew Simmons

How related  
to deceased

None

## CAUSES OF DEATH

95

Primary

Complications of Quinsy

How long

2 yrs

Immediate

Oedema of lungs

How long

18 Days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

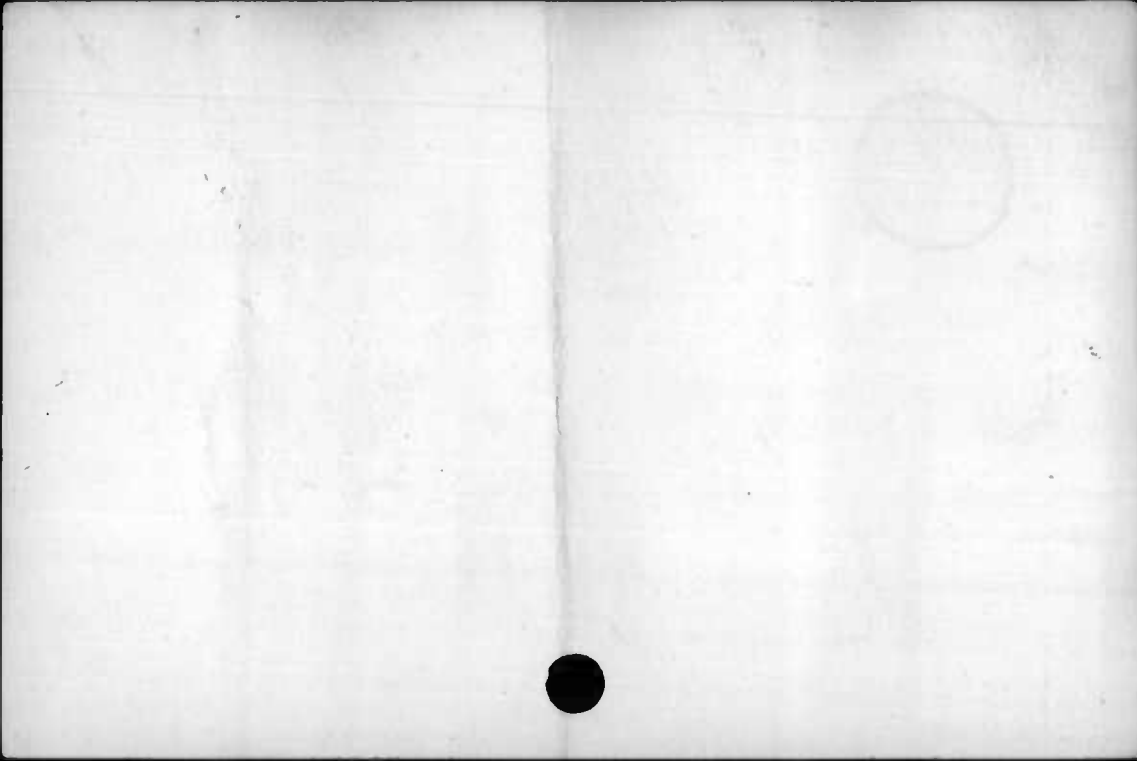
Address

Reverdy J. J. J.

up per Marlboro  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full *James H. Howard*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

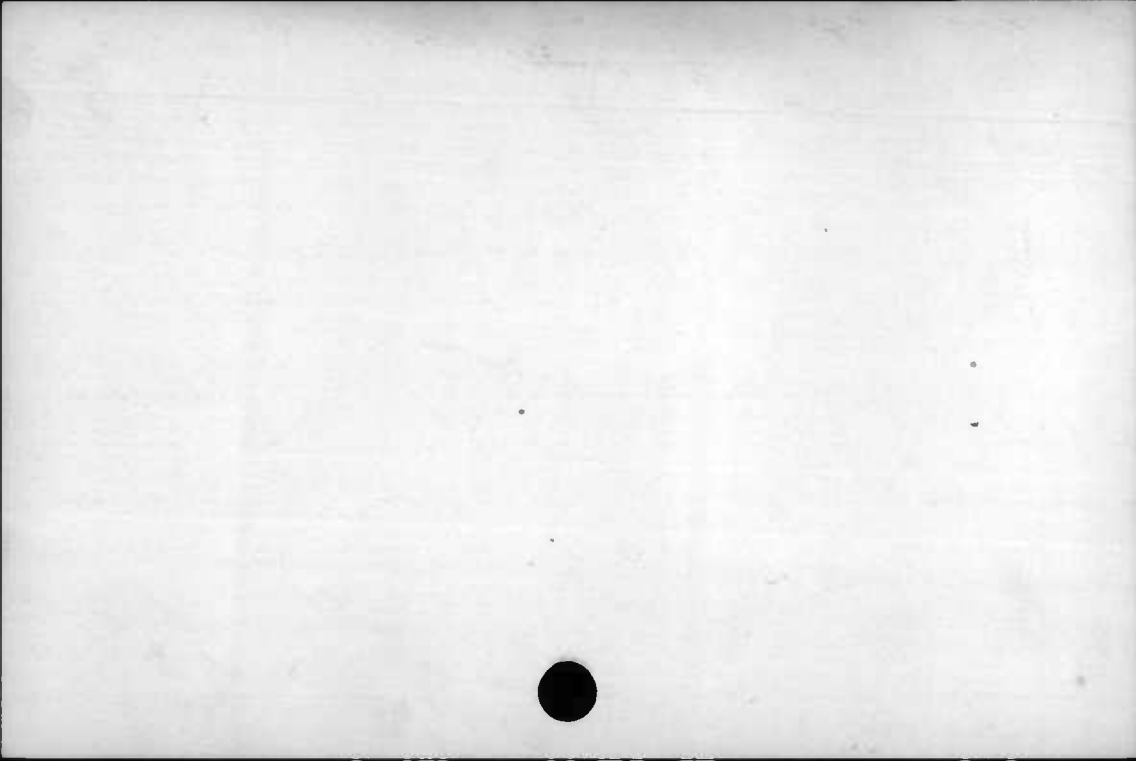
Died at <i>Brentwood</i> <sup>Town</sup>		<i>Pr. Geo</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>45</i>	Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Pr. Geo. Co.</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>Colored Messenger</i>				
Name of Wife or Husband <i>Cecilia Howard</i>					
Father's Name <i>Edward Howard</i>			Father's Birthplace <i>Pr. Geo. Co.</i>		
Mother's Maiden Name <i>Katie Brooks</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Cecilia Howard</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary <i>Injury to limb &amp; Rheumatism</i>	How long <i>H</i>
Immediate <i>Paralysis of Heart &amp; Extension</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Ollendorf, M.D.</i>
	Address <i>Brentwood, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

Thomas Hyde

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Upper Marlboro

County

P.G.

Date  
of death 1908

Month

2

Day

19

Age

Years

68

Months

Days

Sex

Male

Color or  
Race

White

Birth  
place

Unknown

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Eliza King

Father's  
Name

George J. Hyde

Father's  
Birthplace

P. G. Co Ind

Mother's  
Maiden Name

Mary M. Hyde

Mother's  
Birthplace

" " " "

Name of person giving  
Information

Thomas Chaney

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

179

Primary

Don't know

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. Russ Smith  
Sub Registrar adj Cor.  
Upper Marlboro Ind.

Accident or Suicide?

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

## CERTIFICATE OF DEATH

Martha Ireland

Town

County

MARYLAND

Died at

Ireland

P. H. H.

Date

Month

Day

Years

Months

Days

of death 1908

2

21

Age

62

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

John Ireland

Father's  
Name

Don't know

Father's  
Birthplace

Md

Mother's  
Maiden Name

" "

Mother's  
Birthplace

Md

Name of person giving  
Information

Eleanor R. Hark

How related  
to deceased

Sister-in-law

## CAUSES OF DEATH

40

Primary

Cancer Throat

How long

1 year

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Riverside Sanitarium  
Upper Marlboro  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James J. Lewis

Died at *New Glatz* <sup>Town</sup>*Prince* <sup>County</sup> *Gec.*

MARYLAND

Date of death *1908* <sup>Month</sup> *Feb.**19* <sup>Day</sup>Age *3* <sup>Years</sup>

Months

Days

Sex *Male*

Color or Race

*Black*

Birth-place

*Ind*

Occupation

*Child*

Where Residing if not at place of death

*New Glatz Ind*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Winfield Lewis*

Father's Birthplace

*Ind*

Mother's Maiden Name

*Annie Taylor*

Mother's Birthplace

*Ind*

Name of person giving information

*Winfield Lewis*

How related to deceased

*Father*

## CAUSES OF DEATH

*1*

Primary

*Typhoid fever*

How long

*4 weeks*

Immediate

*Asthenia*

How long

*1 week*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*J. M. Parker M.D.*

Address

*Congress Heights D.C.*

Accident or Suicide?

PHYSICIAN  
OR CORONER*H*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Laurel</u> <sup>Town</sup>		<u>Bruce</u> <sup>County</sup> <u>Go</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>24th</u>	Age <u>62</u> Years	Months <u>11</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balt Md</u>		
Occupation <u>Widow</u>		Where Residing if not at place of death <u>Laurel Md</u>			
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Adolphus LindenKohl</u>		Father's Birthplace <u>Germany</u>		
Father's Name <u>Henry Prager</u>			Mother's Birthplace <u>"</u>		
Mother's Maiden Name <u>Catherine Paine</u>			How related to deceased <u>Son-in-law</u>		
Name of person giving information <u>Geo Band</u>					

## CAUSES OF DEATH

79

Primary

Heart disease

How long

1 hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. H. Prager  
Laurel Md

Accident or Suicide?

No

Adolph.

M. Myers

A

Prospect Hill

Jun 2 - 30

Name  
in  
Full

Frederick Earl McNeil

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

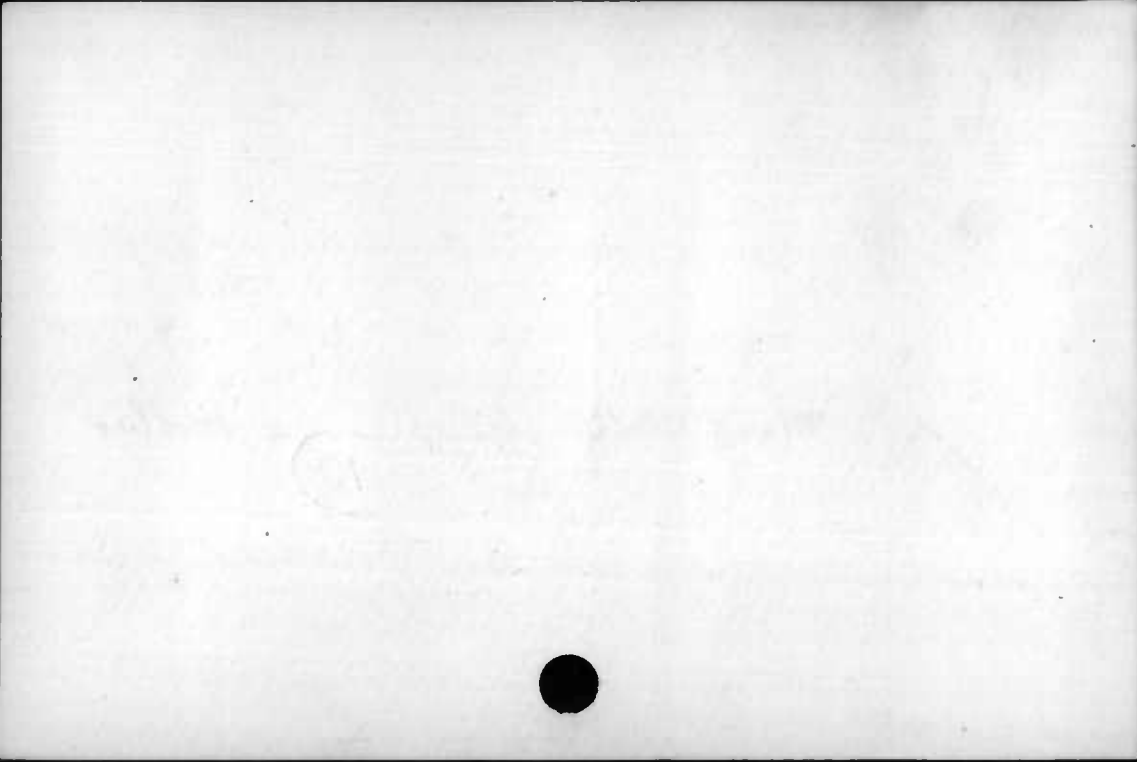
Died at <i>Hyattsville</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death   90 <i>8</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>26</i>		Age <i>64</i> <sup>Years</sup>		Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ohio</i>	
Occupation <i>retired soldier</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margurite L McNeil</i>			
Father's Name <i>Dont. Know</i>		Father's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Dont Know</i>			
Name of person giving information <i>Margurite McNeil</i>		How related to deceased <i>wife</i>			

## CAUSES OF DEATH

10

H  
PHYSICIAN  
OR CORONER

Primary <i>Ra Grippe</i>	How long <i>3 months</i>
Immediate <i>Mitral incompetation</i>	How long <i>1 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. R. Raterman</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Horatio Mattingly, Jr.*  
 Died at *Mt. Rainier* <sup>Town</sup> *Franklin* <sup>County</sup> *George's*

MARYLAND

Date of death *1908* <sup>Month</sup> *February* <sup>Day</sup> *21* <sup>Years</sup> *32* <sup>Months</sup> *1* <sup>Days</sup> *1*

Sex *Male* Color or Race *White* Birth-place *Washington, D.C.*

Occupation *Clerk* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John Horatio Mattingly*

Father's Birthplace *Washington, D.C.*

Mother's Maiden Name *Mary Frances*

Mother's Birthplace *Baltimore, Md.*

Name of person giving information *Mary Mattingly*

How related to deceased *Mother*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis*

How long *19 months*

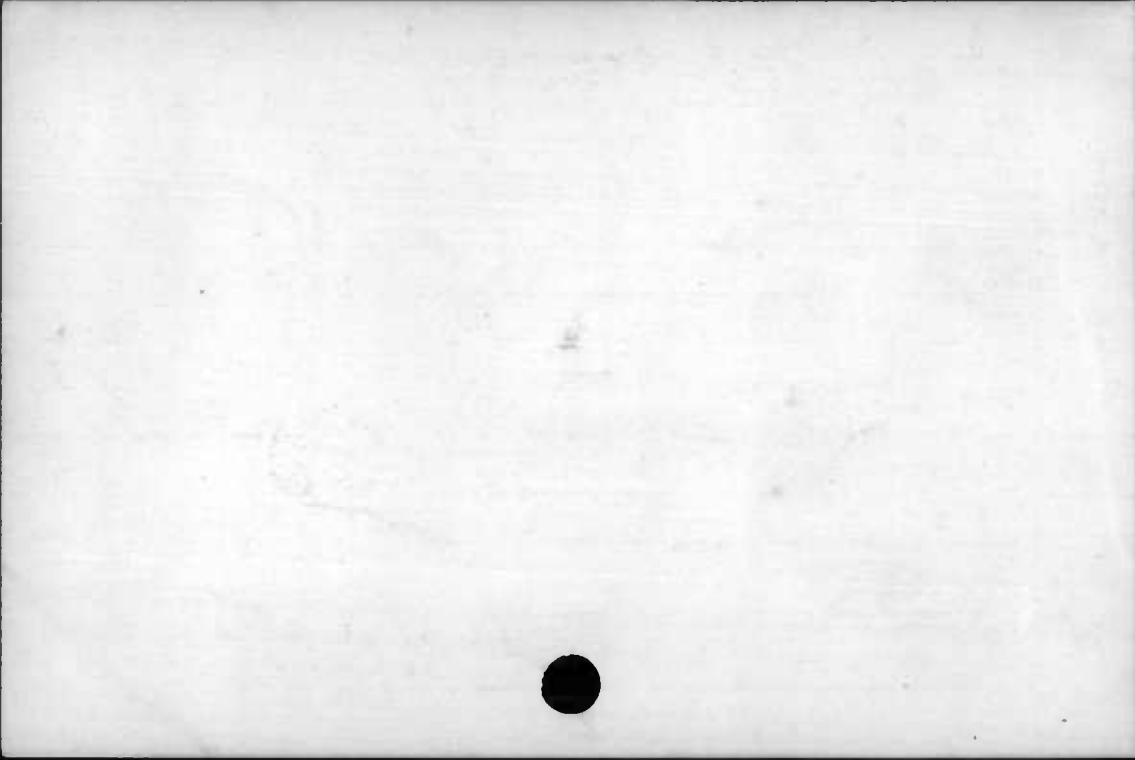
Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *C. S. Bradgate, M.D.*

Address *Mt. Rainier, Md.*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

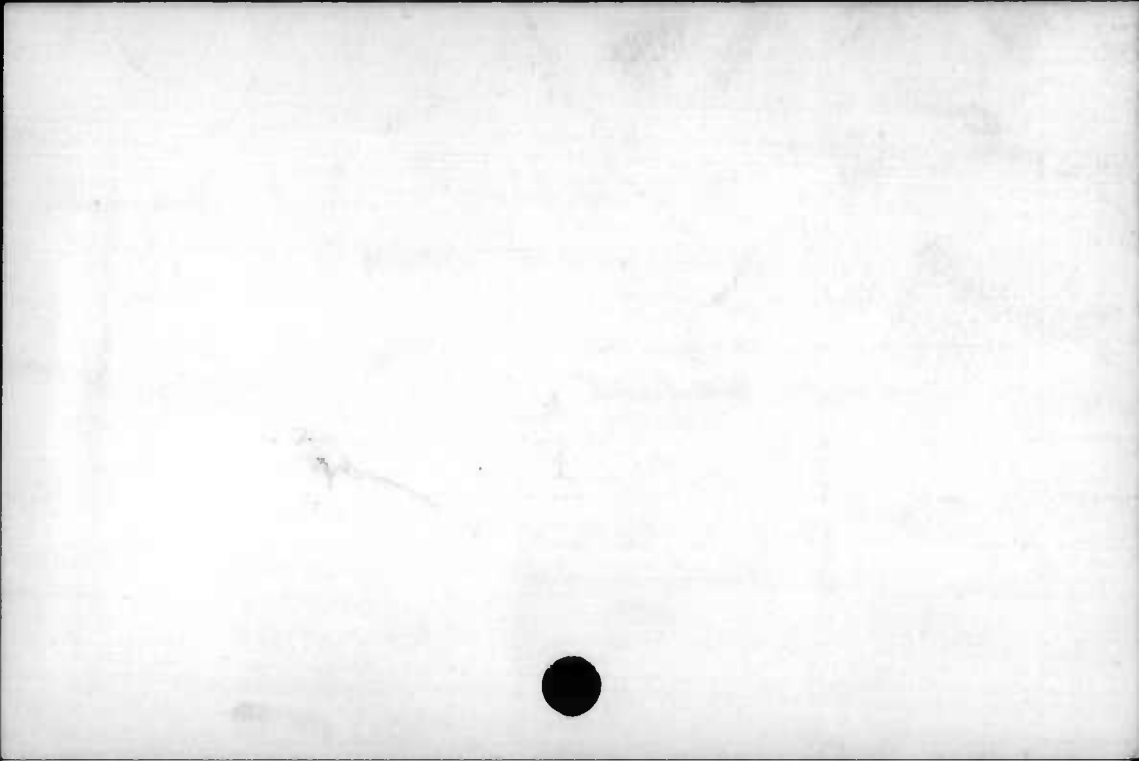
Died at <i>Leanham</i>		<i>N.G.</i>			
Date of death <i>1908</i>		Month <i>Feb</i>	Day <i>6</i>	Age <i>-</i>	Years <i>-</i>
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Leanham Md</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Wm G Magnard</i>		Father's Birthplace <i>N.G. Co Md.</i>			
Mother's Maiden Name <i>Mary A. Keen</i>		Mother's Birthplace <i>N.G. Co Md.</i>			
Name of person giving information <i>Wm G. Magnard</i>		How related to deceased <i>His Father</i>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>7 days</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Justus D. Wall M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mead, Catherine*

Died at *Milltown* Town *Prince George* County

Date of death *1908* Month *12* Day *22* Age *36* Months *✓* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *Unemployed* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *James J. Inquest*

Father's Name *Hammon Edelen* Father's Birthplace *Maryland*

Mother's Maiden Name *Adeline Greenfield* Mother's Birthplace *Maryland*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

Primary *Death due to Natural Causes* How long *—*

Immediate *most probably Apoplexy* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Irving D. Chaney M.D.*

Address *13aden Maryland*

Accident or Suicide? *—*



Name  
in  
Full

Margaret Moran

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rappa Marlbow</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>2</u>	Day <u>27</u>	Age <u>—</u> Years	Months <u>8</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>P. G. Co. Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Hally M. Moran</u>			Father's Birthplace <u>P. G. Co. Md</u>		
Mother's Maiden Name <u>Mattie Ball</u>			Mother's Birthplace <u>" " " "</u>		
Name of person giving information <u>Hally M. Moran</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<u>Don't know</u>	How long	<u>—</u>
Immediate	<u>" "</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>R. Emes Smith</u>
		Address	<u>Sub Registrar City Gov.</u>
			<u>Rappa Marlbow Md</u>
Accident or Suicide?			



Name  
in  
FullDoris Elizabeth Walley,  
Town Sandover County F. Geo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Sandover

Town

F. Geo

County

MARYLAND

Date

of death 1908

Month

Feb.

Day

Wednesday

Years

Age 4 months

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Sandover

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Frederick Floyd Walley

Father's  
Birthplace

Sandover

Mother's  
Maiden Name

Beall

Mother's  
Birthplace

Ardwick

Name of person giving  
In formation

Stella E. Walley

How related  
to deceased

Aunt

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Enterocolitis

How long

4 days

Immediate

dysentery

How long

1/2 hour.

Are the name, age, sex, color, date  
and place correctly given above?

yes

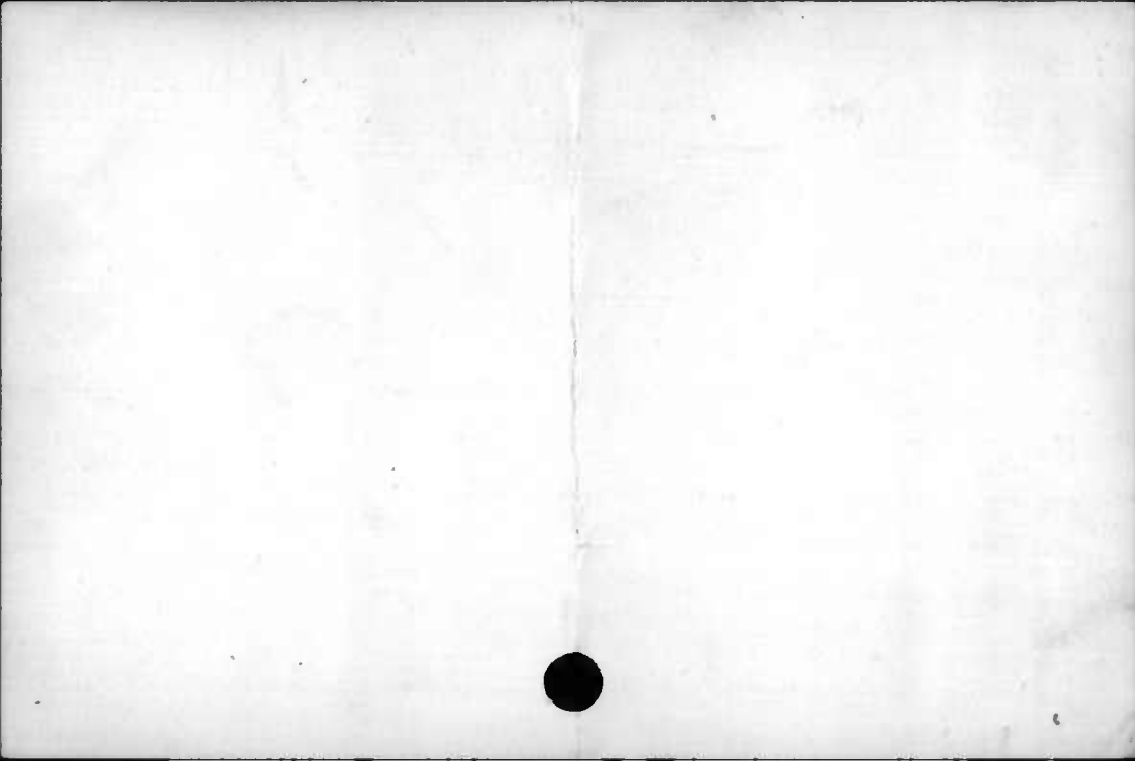
Signature of  
Physician

L. S. Savage

Address

Bumming, D. C.

Accident or Suicide?



Name  
in  
Full

Dennis C. Rease

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>near Laurel</i>		Town <i>P. 440</i>		County	
Date of death	1908	Month	July	Day	10
Age	63	Years		Months	2
Sex	Male	Color or Race	Black	Birth-place	North Carolina
Occupation	Butler	Where Residing if not at place of death		Near Laurel	
Married, Single	Yes	Name of Wife or Husband		Emily G. Rease	
Father's Name	Edwin Rease	Father's Birthplace		N. Carolina	
Mother's Maiden Name	Maranda Cunningham	Mother's Birthplace		N. Carolina	
Name of person giving information	Elizabeth V. Rease	How related to deceased		Sister-in-law	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Phthisical parenchymatous hepatitis</i>	How long	<i>1 1/2 years</i>
Immediate	<i>Worms</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. H. Ryals</i>	
Address		<i>Laurel, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Ettie B. Rollins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

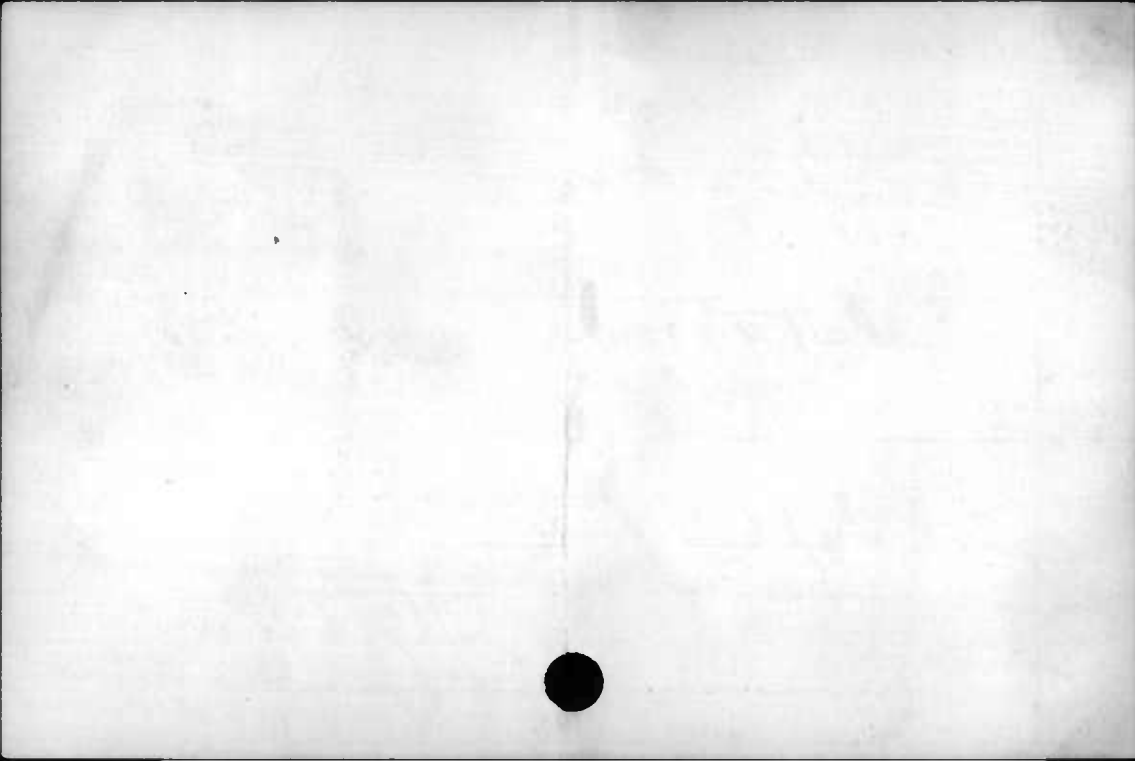
Died at <i>Landover</i>		Town		<i>Prince George</i>		County		MARYLAND	
Date of death <i>1908. Feb</i>		Month		Day <i>10</i>		Age <i>65</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>		Months		Days	
Occupation <i>None.</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband <i>Charles H Rollins</i>					
Father's Name <i>James Blair</i>				Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>(Sarah) last known</i>				Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Elva Ramsey</i>				How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Mitral Regurgitation.</i>		How long <i>One week.</i>	
Immediate <i>Exhaustion</i>		How long <i>About 2 hours.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R.A. Schooner</i>	
		Address <i>Benning</i>	
Accident or Suicide? <i>—</i>		<i>D.C.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

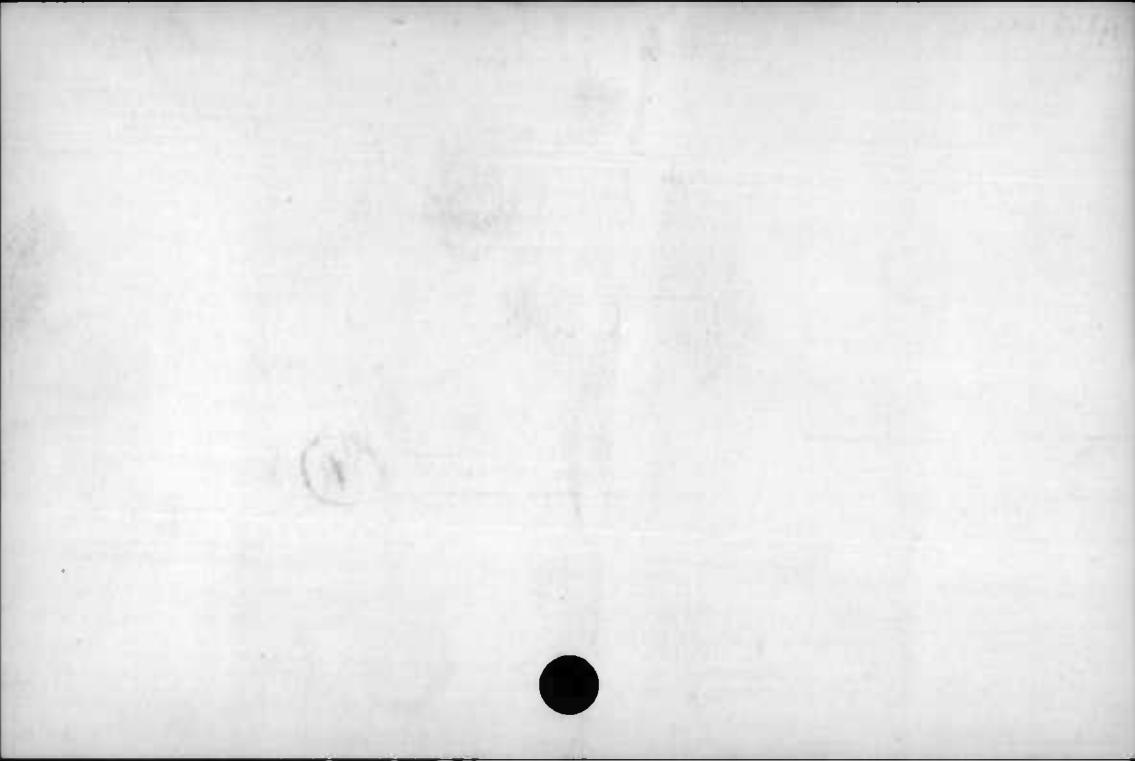
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Simmons</i>		Town <i>Madons</i>		County <i>Algeo</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Age <i>45</i>		Months <i>4</i> Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>P. E. Co. Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bernard Simmons</i>					
Father's Name <i>Pat. T. Brown</i>		Father's Birthplace <i>P. E. Co. Md.</i>					
Mother's Maiden Name <i>Rawlings</i>		Mother's Birthplace <i>P. E. Co. Md.</i>					
Name of person giving information <i>Maurice Simmons</i>		How related to deceased <i>Brother in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>8 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. G. Griffith</i>	
		Address <i>Upper Marlboro Md.</i>	
Accident or Suicide? <i>I saw this patient twice</i>			



Name  
in  
Full.

CERTIFICATE OF DEATH

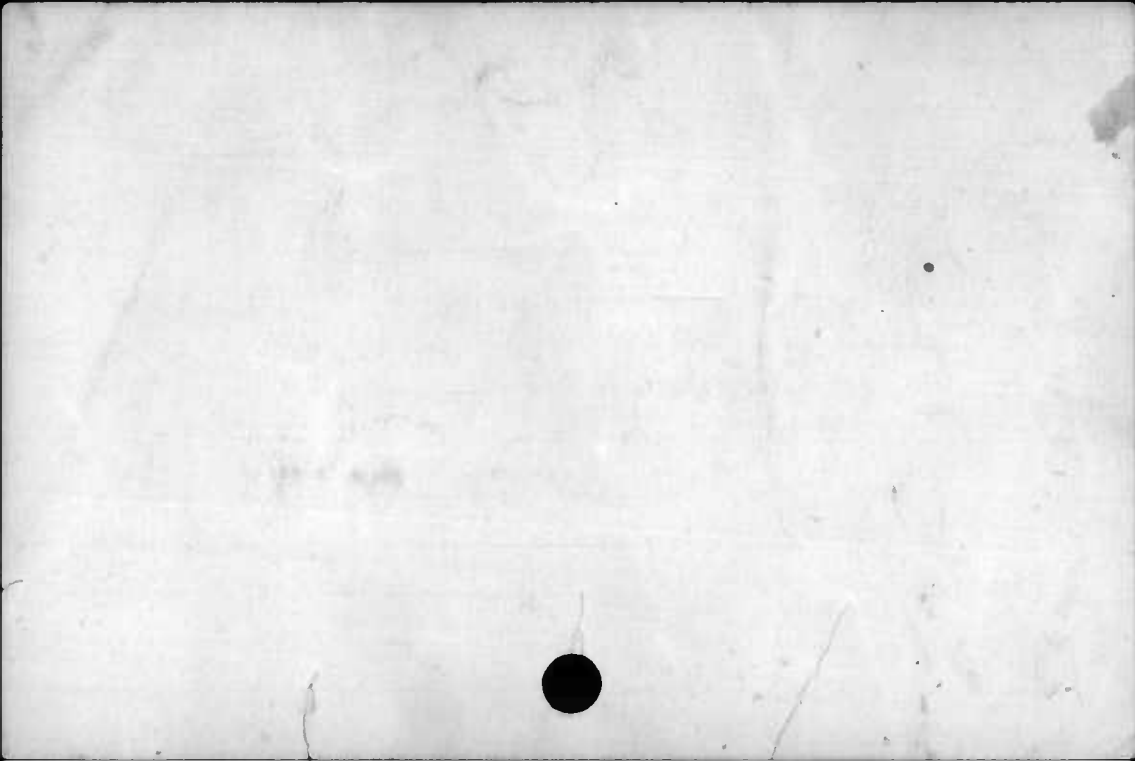
Name in Full. <i>Fredrick L Smith</i>		Town <i>Lanham</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Lanham</i>		Month <i>Feb</i>		Day <i>5</i>		Years <i>28</i>	
Date of death <i>1908 Feb 5</i>		Age <i>28</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ella E Smith</i>					
Father's Name <i>Loyd Smith</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Ella E Smith</i>		How related to deceased <i>wife</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

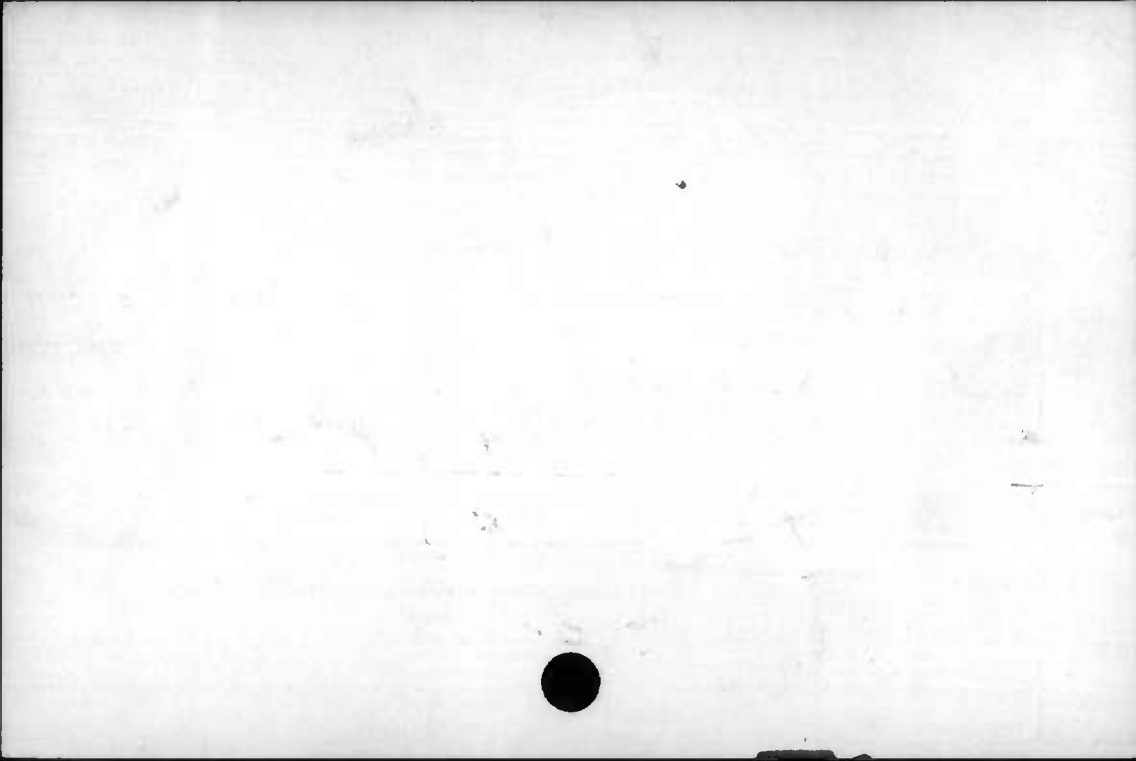
CAUSES OF DEATH

27

PHYSICIAN OR CORONER <i>H</i>	Primary <i>Phthisis Pulmonalis</i>	How long <i>about 2 years</i>
	Immediate <i>La Grippe</i>	How long <i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis R. Beatty M.D.</i>
		Address <i>610 E. Cap. St. Washington D.C.</i>
	Accident or Suicide?	



Name in Full <i>none</i>		Town <i>Thompson</i>		County <i>Pri Geo</i>		CERTIFICATE OF DEATH	
Died at <i>Shumdale</i>		Month <i>Feb</i>		Day <i>23</i>		Years <i>—</i>	
Date of death <i>1908</i>		Age <i>—</i>		Months <i>—</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kenedy Farm</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>R. S. Thompson</i>		Father's Birthplace <i>Wash. D C</i>					
Mother's Maiden Name <i>Married Mr. C. Lee</i>		Mother's Birthplace <i>Birmingham Ind</i>					
Name of person giving information <i>R. S. Thompson</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
Primary <i>Premature Child</i>		How long <i>151</i>					
Immediate <i>As Phisician</i>		How long <i>—</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John D. Wall M.D.</i>					
		Address <i>Springfield</i>					
Accident or Suicide? <i>H</i>		<i>Inde</i>					



Name  
in  
Full

Henrietta Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

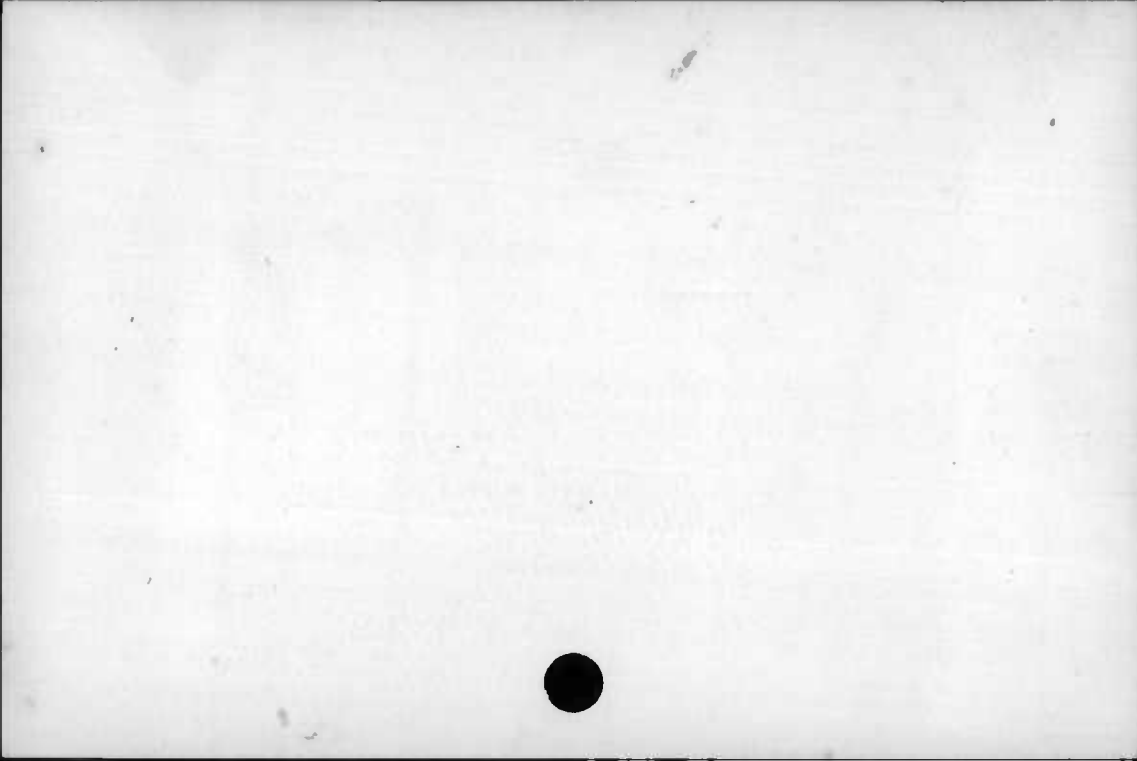
Died at		Town Muirkirk		County P. George		MARYLAND	
Date	1908	Month 2	Day 23	Age	Years 22	Months —	Days —
Sex	Female		Color or Race	Black		Birth- place	Md.
Occupation	Servant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Luke Warner					Father's Birthplace	Md.
Mother's Maiden Name	Unknown					Mother's Birthplace	Md.
Name of person giving Information	Ike Williams					How related to deceased	Not at all

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 m.o.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. R. Hunt M.D.
		Address	Laurel Md.
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

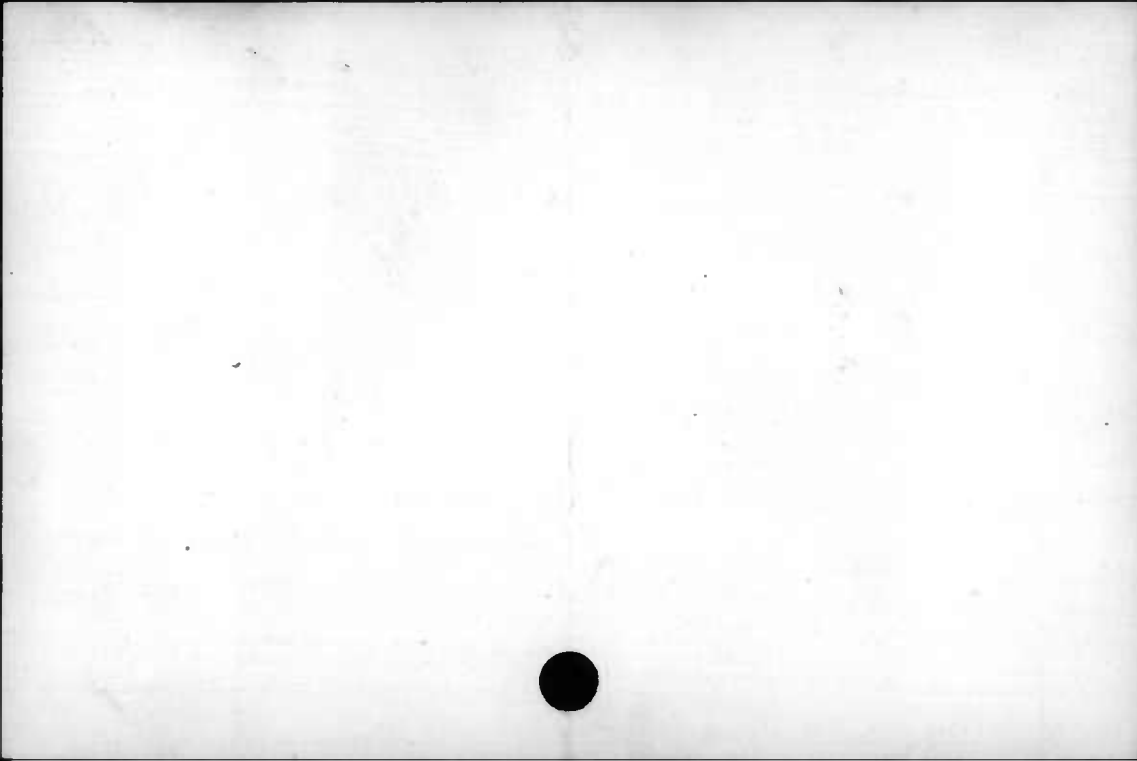
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Queen Anne</i> Town		<i>Williams</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>15<sup>th</sup></i>	Age <i>✓</i>	Years <i>✓</i>	Months <i>✓</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>Winfield J. Wilkins</i>			Father's Birthplace <i>Iowa</i>		
Mother's Maiden Name <i>Augusta Gibbs</i>			Mother's Birthplace <i>Illinois</i>		
Name of person giving information <i>Augusta Wilkins</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born infant</i>	How long <i>✓</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. J. Hinkel</i>
	Address <i>Accl. Md.</i>
Accident or Suicide?	



Name

in  
Full

Anna Eloise Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

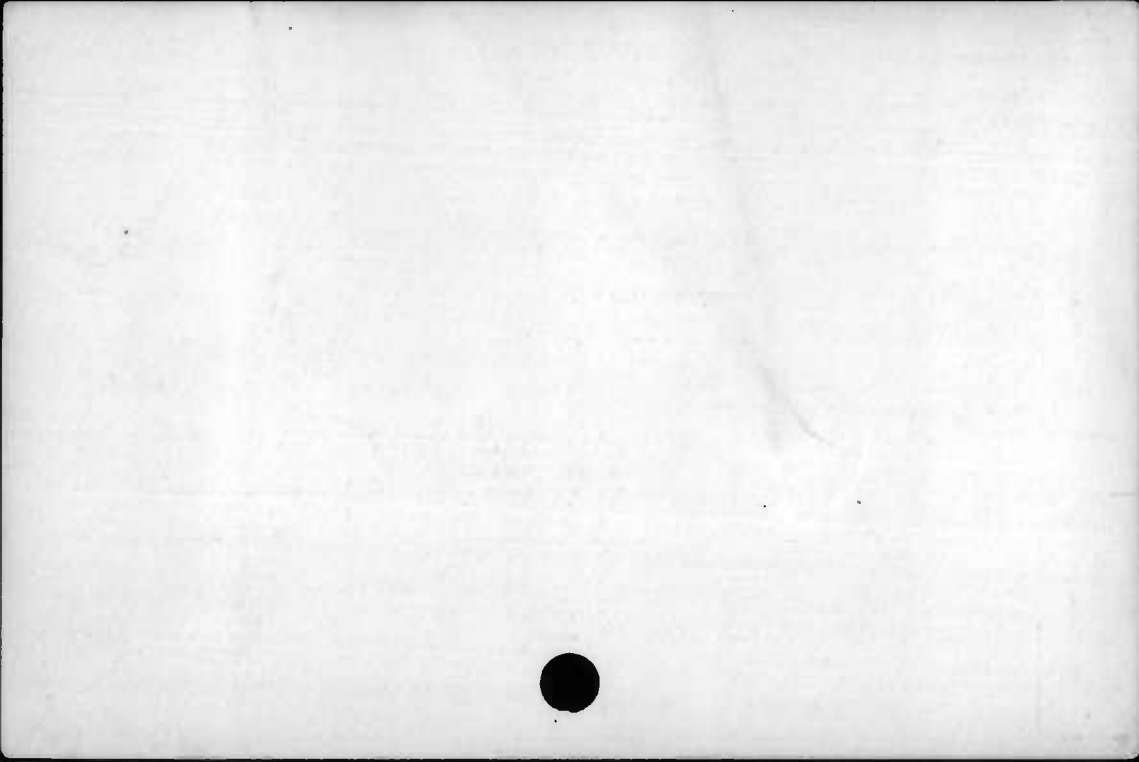
Died at <i>Upper Marlboro</i>		Town <i>P. Y.</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>16</i>	Age <i>59</i>	Years	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredericks Hall Va.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>George W. Wilson</i>					
Father's Name <i>E. M. Carpenter</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>M. E. Carpenter Boxley</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>George W. Wilson</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

66

H  
PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long
Immediate <i>Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reverdy Sasser</i>
	Address <i>Upper Marlboro Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

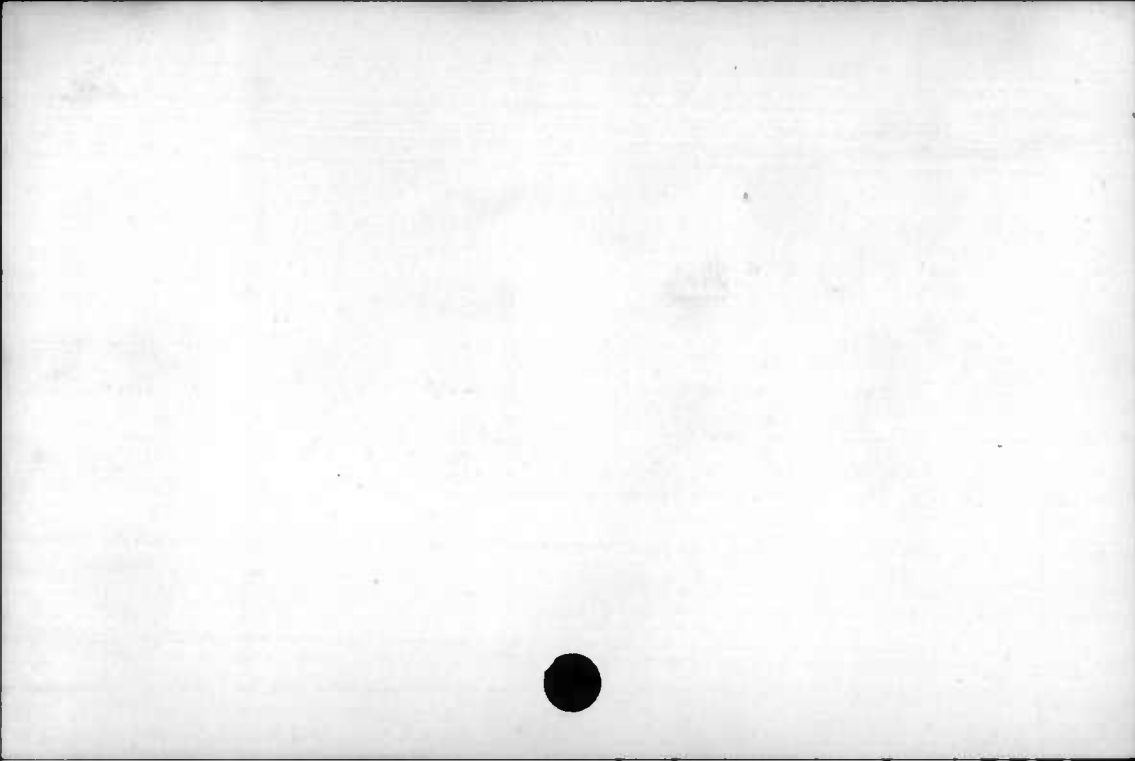
Name in Full <i>William L. Wilson</i>		Town <i>Leeland</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Leeland</i>		Month <i>Feb</i>		Day <i>5<sup>th</sup></i>		Age <i>61</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Wilson</i>					
Father's Name <i>Leam. Wilson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Curtain</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>John L. Wilson</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary <i>apoplexy</i>	How long <i>10 hrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Tansbury</i>
	Address <i>Forestville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ida M. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

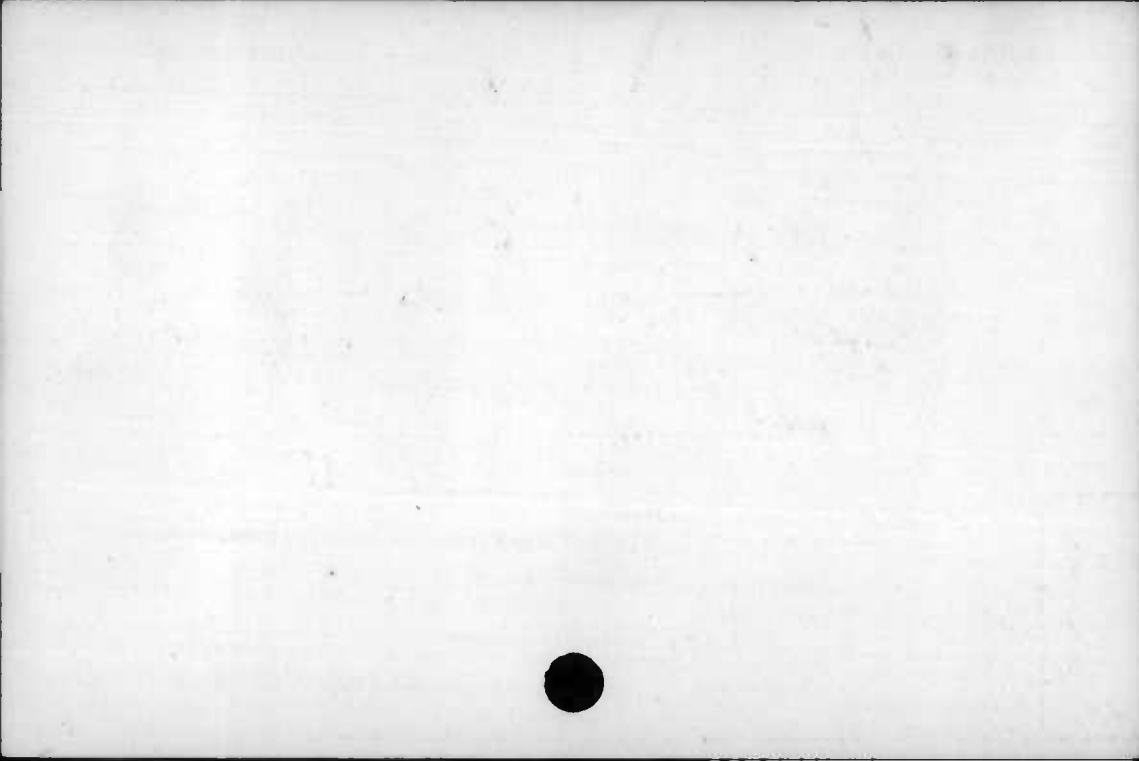
Died at <i>Upper Marlboro</i>		County <i>C. Geo</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>U. S. Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Thomas Wood</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary C. Perry</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Thomas Wood</i>			How related to deceased <i>Frater</i>		

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis, Capillary</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Reverdy J. Assoc</i>
	Address <i>Up. Marlboro md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Rosetta Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lanham <sup>Town</sup> Prince Geo <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> Feb <sup>Day</sup> 26 <sup>Years</sup> 96 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race Black Birth-place Md

Occupation None Too old Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Hellington Young

Father's Name Sandy Topham Father's Birthplace Md

Mother's Maiden Name Don't know Mother's Birthplace Md

Name of person giving information Lucinda Young How related to deceased Daughter

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary Grippe & Severe Cold How long A Month

Immediate Hydropericarditis How long or two

Are the name, age, sex, color, date and place correctly given above? No near Signature of Physician W. D. D. D. D. D.

as is obtainable Address Hyattsville Md

Accident or Suicide? —

